BECOMING A NURSE: CULTURAL IDENTITY AND SELF-REPRESENTATION FOR MATURE WOMEN

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ABSTRACT

This thesis sets out the pluralism of six women's experiences when attending a pre-registration nursing programme. It is concerned with the process of 'becoming' a nurse; particularly, how women students produce new cultural identities. Much has been written about how education 'empowers' women, and how this 'empowerment' leads to conflict and tension as consciousness is raised to the circumstances of their oppression. Feminist research in the modernist tradition has privileged the subject as the authentic and authoritative source of knowledge, but in postmodern terms their subjectivities are just another product of dominant discourses. My first thesis, therefore, is that women do not 'change' because of the 'emancipatory' nature of education. To suggest that they do would be to assume that their subjectivities are in some way fixed and unitary, and that the learning process may 'switch' them to another different fixed unitary position, albeit an 'enlightened' one.

By adopting a postmodernist perspective, the autobiographical narratives of the women, which one may consider prosaic, or even mundane, can be deconstructed to reveal the discursive practices which shape their subjectivities. I have undertaken this deconstruction by employing a specific methodological tool. Borrowed from the discipline of literary criticism, a *chronotopic analysis* has allowed a theorization of the subject as decentred and detotalized. The different subject positions which were presented by the women students are influenced by a variety of prevailing discourses, and so reveal the individual as a site of identity production. Chronotopic analysis can, in a sense, situate the subject within specific discourses, at specific time/space juxtapositions.

The professional education of nursing equips the women with a language that allows for a better articulation of the plurality of their multiple subjectivities. Thus the impression of 'change' is given in what is a site of tension for them as they struggle to represent themselves in the process of 'becoming' a nurse. But there is also an assumption that nursing is a 'fixed' thing too, that people pass through its educational processes, entering as 'non-nurse' and leaving as 'nurse'. However, nursing provides a pluralistic experience also, and, in doing so, it articulates a multiplicity of competing discourses which too are ever changing. Thus, the women in my study are in a constant struggle of identity production and their professional experiences can only be expressed within given nursing discourses, while their personal experiences can only be expressed

through popular cultural discourses. My second thesis is that both these forms of discourse which pervade nursing have served to repress and subjugate it as a profession.

This research then, gives the women a voice for a brief moment. Like a kaleidoscope we see the arrangement of their self-representational practices within the professional space. But discourses are ever changing and the arrangement of the women's identities will constantly change, for in the metaphorical kaleidoscope, language is the mirror. Language is dynamic, and we may never see this particular representation again. The process of 'becoming', by definition, never actually ends, nor is it confined to professional spaces. It does however allow us a view of a profession in transition.

My choice of research participant was that of 'mature' women; this implied that they could adopt a range of subject positions not available to the traditional nursing student (a female aged 18-20) by virtue of the simple fact that they have lived longer.

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PART 3: THE POLITICS OF SELF-REPRESENTATION

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INTRODUCTION

This thesis describes a study about the experiences of six 'mature' women who are learning to become nurses. It is about the range of cultural identities that they adopt in their attempts to represent themselves, and it is about change in both personal and professional contexts. The women all tell a story, not only of their professional 'becoming' but also of their ideological 'becoming'. Fundamental to the telling of their stories is their use of language, ever changing as the educational programme provides a range of discourses to assist them in the production of new identities.

The study is also about the struggle to complete the nursing programme of training. Once seen as an extension of natural womanhood, nursing has undergone massive change as it attempts to represent itself as a profession, but there remains a constant within it; the caring imperative. If caring is a natural extension of womanhood, then why is 'becoming' a nurse problematic for some women? The study, now completed, has turned out to be very different from the one I commenced five years ago. Then, I was about to engage in fairly traditional feminist enquiry. I had a plan and, I have to say an expected outcome. Women are oppressed and they can be 'liberated' through education. That is why *some* student nurses (particularly mature women) experience conflicts as their consciousness is raised to that oppression. That nursing is a gendered occupation, which is itself oppressed, was not considered important. Now, with the benefit of hindsight, I can see how naive I was. What I believed to be 'conflict' I now see as 'resistance', both in the private sphere of the home and the public sphere of the professional environment. How I arrived at this conclusion lies not only in the data, but also in my own life story and professional experience.

1. How it all started: or a very brief story of my life

In the attic of my home lie a set of sixteen junior encyclopaedias, originally bought for my older brother in 1960 who abandoned them when puberty hit and he discovered girls. My love affair with knowledge began about then (it coincided with the 'Beatles' now I come to think about it). Every night I would pore over them; I went from A to Z and then started all over again, dozens of times. I could recite the Kings and

Queens of England and Scotland, tell you the state capital of Arkansas, or the unit of currency in Poland.

Then, when eleven years old, I experienced what was then the most devastating event of my life; I failed my '11 plus'. Even now, some thirty years later, it ranks second only to the death of my mother on the Richter scale of life crises. I was always 'bright' at school, usually in the top three or four, always in the 'A' stream. It was a foregone conclusion that I would follow my brother to the Grammar School. It was not to be and so I went the way of the vast majority of my contemporaries: a secondary modern education, a handful of (poor) CSE exam results and into a dead-end job at sixteen. As a child I had always wanted to be a vet. "You'll have to work hard at school," my mum would say, and I did. But like a lot of young girls who are raised on council estates, dreams and aspirations are rarely realized. My father landed a new job and in 1970 we moved 'down south', I was thirteen years old. I suppose you could say I went off the rails. By the time I left school I had a reputation as a troublemaker and a poor attendee. More interested in smoking and 'hanging out' with my mates, I decided careers were for 'swots' whose lives, needless to say, we made a misery.

I was sacked from my first job, which was unfortunate as my dad had arranged it for me. You could do things like that in the early seventies, he knew this chap whose wife worked for the GPO and she got me in, just like that. Anyway, after ten months, and two official warnings, they had to 'let me go'. I had another job within six hours and my parents never knew the ignominious circumstances of my sudden departure. Unfortunately, I got sacked from the next job as well. To be honest, I can't quite remember why, probably something I said, it usually was. The following Monday I started at yet another job doing clerical work for a company that made chicken eviscerators, not very romantic but it paid sixteen quid a week and kept me in lager and cigarettes.

After about a year, I had this re-evaluation of my life. Okay, so I had made a few friends, I was 'going steady' with the implicit assumption that we would get engaged and married, and despite the fears of my parents I hadn't fallen into prostitution or crime. And I thought, in the immortal words of Peggy Lee, "Is this all there is?" I was eighteen years old and I was unhappy. I loved my parents but wanted my independence. On sixteen pounds a week the only way out was to swap being a daughter for being a wife, the very

thought of which filled me with despair. Then I saw it. 'The Advert'. *"Have you got what it takes?"* it asked. That's how I applied for my nurse training. I don't know if I had what it took, but I knew a scam on how to leave home when I saw one. Overnight I developed 'a calling'. Yes", I told my mum, "it's something I've *always* wanted to do, but thought I couldn't because I didn't have the 'O' levels" (you could sit a common entrance exam if you didn't have the entry criteria). I sat the test, got in, left home and returned to Newcastle and my life began.

I never intended to stay in nursing, not that I had other plans, it's just that I had no long-term vision regarding my future. It was touch and go at times. I found myself on a final warning twice and, to be honest, I assumed I'd probably be sacked since I was always in trouble. My tutor, who was fond of fingernail inspections and ritual humiliation, told me I was "too glib by half". I apparently didn't embody the characteristics of a 'nurse'; sarcasm, it seemed, was strictly off the agenda. Imagine my surprise (not to mention hers) when I passed my final exam. I always assumed it would be just like my '11 plus' all over again. I had never considered having to *work* as a nurse.

I was 22 years old and although I hadn't exactly experienced a conversion of 'the road to Damascus' proportions, I was aware that something had changed. Another chapter of my life began, my 'professional life' if you like. I was still as daft as a brush, but I knew *when* to be daft. For the first time I began to see my life in front of me, I got 'ambition'. I attended college and completed a foundation course, went on to study for my diploma and got promoted! At 26 I was a ward sister, people depended on me, they trusted me and, most terrifying of all, they thought I knew what I was doing. The unthinkable then happened; I actually read without *having* to. I took control of my own professional development and started out on the learning curve. For the first time since I was a kid I wanted to learn things for the pure joy of it. Knowing why things 'are' the way they 'are' has always been a minor obsession for me.

Being a congenital 'know-it-all' it was inevitable that I should wind up in teaching. That's what I've been doing for the past ten years, passing on 'pearls of wisdom' to the next generation of practitioners. As I write this thesis, I have been looking back over my life; if I hadn't responded to 'The Advert' I wouldn't be here now. I'm not saying nursing made me what I am, of course it didn't. But it has been fundamental in establishing the 'I' that is speaking now in some way, I just don't know in *what* way.

What I do know now, is that there are not always answers to questions; on the other hand, I know there may be many answers. Why did I come to ask the particular question about what becoming a nurse means for mature women?

I think I can trace it back to a particular critical incident. In 1992 a nursing student came to see me with what she described as a 'personal problem'. 'Sue' was a thirty three-year-old married woman with a nine-year-old daughter, she had been on the course for a little over a year. Discussion revealed her to be particularly worried about the nature of her deteriorating marital relationship. We spoke at length about the situation, and it transpired that her husband had given her an ultimatum: the course or him. Why he should feel so strongly was explored and Sue believed it was because he was both jealous (in case she met someone else) and threatened (she would know things he did not). The result was an 'embargo' on any course-related material or work coming into the marital home. The position had become untenable, and she needed 'time-out' to think about the future. I arranged this for her, and a couple of weeks later she telephoned me to say that both she and her husband were attending counselling.

Some weeks later Sue returned to the course, but things were not resolved. She had realized that she no longer wished to be married, and wanted to start a new life with her daughter. The next time I saw her, her husband had assaulted her and her daughter quite seriously, and the two of them had come to the college seeking help. We managed to find a women's refuge which would offer a temporary home until something more permanent could be found. It was a conversation with another mature women student that really opened my eyes to the extent of the problems some women have in higher education though. A friend of Sue's, she described her own experiences and felt that the college should do more to help in such situations. What I thought to be an isolated event appeared to have been experienced by other women on the programme. Informal discussions with colleagues revealed similar situations within other cohorts since the introduction of the new programme.

There was anecdotal evidence to suggest that for some women 'becoming' a nurse was extremely problematic; and I wanted to know *why*. Nurse education had recently shifted into higher education, this along with the introduction of a new programme of learning, had seemingly brought about this conflict. Secondly, to compound issues, further discussions with mature students found, for some, a perceived

difficulty on their part in functioning in practice placements. Again, I wanted to know *why*. For if I could find out why, then perhaps we could ameliorate the situation some mature women found themselves in. This then, became my mission. I began to ask questions about the relationship between education, women and the caring professions. In particular, had the blend of these three conspired to produce a site of tension and conflict?

The environment within which I work has undergone massive change during the ten years I have been there. In fact change has been almost continuous. But perhaps the most significant change is *how* nurses are prepared for practice. For nursing has undergone an 'academicization' process and, in 1989, a new programme of training was introduced. Popularly known as *Project 2000*, it saw nurse education leave its monotechnic origins and move into higher education. This represented a major shift in nurse education ideology, which hitherto had embraced an 'apprenticeship' model, in which students were salaried employees working a 37.5-hour week. The entry requirements remained the same: a minimum of five GCSEs at grade C or above (or equivalent) or success at passing the UKCC's own entrance examination known as the 'DC Test'.

Like a lot of neophyte researchers, I thought that I actually knew the answer to the question. To be honest I was inspired to a certain extent by the film *Educating Rita*. I suspected that the shift into higher education as well as the development of the new curriculum, with enlightened and liberal teaching methods, had combined to create an emancipatory learning environment. This environment had the effect of raising consciousness for some women, particularly mature women. I also believed there was a social class component too. The resultant change, I believed, could cause conflict: in personal terms, where the women would come to question and resist their prescribed social roles; and in professional terms, where exposure to the socialization forces of clinical practice would also prove to be a site of oppression. Women's experiences in higher education have been widely reported (Kirk 1977; Lovell 1980; Cousin 1990; Sheridan 1992). What is not well documented however are their experiences within professional education in general, and in nurse education in particular, this became the aim of my study. I spent much of 1993 involved in background reading and putting together my research proposal, approved by the Research Degrees Committee of the University of Northumbria in January 1994.

2. Framing the research questions

In deciding to undertake the research I found myself on a steep learning curve, as I began to explore the subject matter in depth, a number of issues arose:

i) There had been major changes within the provision and delivery of the professional education of nurses. Most notable of which had been the relocation of education to institutions of higher education from hospital-based schools of nursing. Also of significance was the emphasis on behavioural and social sciences as well as a grounding in reflective practice. The new programme, known as *Project 2000,* saw nurse education raised to a diploma level and full student status conferred upon its attendees.

ii) Nurse teachers were also undergoing further professional development usually to a higher degree level. This combined with enlightened, humanist teaching methods may serve to raise students' awareness to the conditions of their existence.

iii) The nature of nursing and the context within which it functions is gendered and is imbued with political meaning (Ashley 1980; Hedin 1986; Roberts 1988). As a professional group, nurses have a specific public role, particularly in a patriarchal context (doctors' assistant; angels of mercy; dependent on the goodwill of others).

iv) The notion of caring is fundamental to any understanding of what it is that nurses 'do'. This presents a key tension both within the profession and society as a whole, as it is both denigrated as women's work and celebrated as womanhood personified; either way, its 'academicization' is highly problematic.

v) There was no one methodological framework suitable for studying the meaning of becoming a nurse as the subject did not lend itself to a single epistemology. Being a nurse (and a woman) myself did not make for an easier conceptualization; paradoxically it served to confuse my understanding. This was so because, despite a wealth of feminist literature to the contrary, framing interview questions based on my own experiences could not reveal other women's realities.

These five methodological challenges were central to my research in that they influenced exactly *how* I conducted the study in that they informed my initial theoretical approach, and subsequent development. My research was therefore designed to explore what becoming a nurse entails for mature women in both personal and professional terms. My research questions reflected this. Specifically I wanted know:

i) In becoming nurses, do mature women experience conflict?

ii) What is the relationship between the new method of nurse training (*Project 2000*) and the extent of personal and professional change in mature women students?

iii) Could the nature of any change be construed as emancipatory?

These questions were further developed to also include:

iv) What are the dominant discourses used by the women in their struggle to achieve self-representation?

v) Does the process of 'becoming' a nurse lead to the production of new identities?

3. The research sample

In order to answer my initial research questions, I decided to collect data from three interconnected sources: mature women students, the curriculum document and a sample of nurse teachers. My main method of data collection were through semi-structured in-depth interviews with the research participants and scrutiny of the documentary data. In the latter part of the study I was to concentrate on the mature women only. Data were collected through the women's own life stories, which they narrated directly onto audio tape recorders.

3.1 Mature women students

The criteria for inclusion in the study were that participants were women over the age of twenty-six years. The age criterion was arrived at as this is the age that the Department of Health student bursary increases, inferring that these students have extra role responsibilities. It also implied that the participants would have greater life experience between leaving school and commencing their nursing course. There were originally nine women in the study, although three of them dropped out during the first five months. All the women in the study were from the same ethnic and social groups, with only one coming from outside the immediate area. The six women who were the focus of study had an age range from 26 years to 42 years on commencement of course. Three were married, one was engaged (and subsequently married during the first year),

one was divorced and one was single. Further information regarding the women's social biographies is giving in chapter two. Although the study started with an interview method of data collection, it is the latter data, collected via the women's narratives, which is discussed and analyzed in detail. The initial material, garnered from the in-depth interviews is still presented however, and is the focus of a postmodernist critique in chapters eleven and twelve.

3.2 The curriculum

The commencement of the research coincided with the development of a new 'unitized' nursing programme. This was to be helpful in identifying those aspects of the curriculum which may be construed as having a potentially 'emancipatory' effect. Out of a total of 18 units of learning in the first eighteen months of the course (the Common Foundation Programme) six were subsequently considered as having this potential. I used a critical theory approach to establish if the language of the curriculum offered any 'points of resistance'. The subject matter which the units addressed were: the history of nursing; health and social policy; the role of the nurse; critical thinking skills and interpersonal issues (unit descriptors appended). In the event the units of learning identified did not present the emancipatory picture expected. For this reason there is a short discussion regarding their inclusion and subsequent exclusion in chapter two, although the curriculum document was not included in the latter stages of the study.

3.3 Nurse teachers

To establish the emancipatory potential of the nursing programme, it was necessary to establish *how* it was delivered. Therefore a sample of six nurse teachers were included; these were each associated with the teaching of one of the units identified as being 'emancipatory'. Semi-structured interviews were carried out with them, the aim of which was to explore their own educational and professional philosophies. I also included them as I saw them as the 'interface' between the learner and the curriculum. *How* they interpreted and delivered the taught units was fundamental to how the units were perceived by students. Since the focus of the study was to switch to the women alone, the six nurse teachers interviewed are not presented in the same detail as the women students'

data are. The data collected are presented for discussion in chapter twelve however, as an illustration of the competing discourses of theory and practice.

4. Theoretical considerations

The theoretical perspectives which informed the study are drawn from four areas: feminist theory; critical theory; postmodernism; and chronotopic analysis, a specific technique for reading texts devised by Mikhail Bakhtin (1981). The rationale for this combination of theoretical approaches lies in the nature of the subject. As a woman it was inevitable that I would take a feminist standpoint. Because the study addresses an issue that is of concern to a group that could be seen as disadvantaged, oppressed or marginalized in some way, a critical perspective was used. Also the research process or results may be seen as having the potential to benefit women who experience tensions during their professional education. While the thesis sees a shift in philosophical stance from the critical to the postmodern (mirroring the decision to concentrate empirically on the women), it should not be seen as a conceptual leap. Rather it was a further development, as both paradigms are concerned with power. But it is *how* the power is exercised and by whom which marks the contrast in thinking between the two.

I thought a critical approach to be appropriate in the first instance because the basic premise of critical social theory is that humans seek emancipatory knowledge; this allows for the development of self-knowledge and the gaining of power over those forces that control one's life (Habermas 1979). Emancipatory interest is aimed at freedom from constraints such as social structures and ideologies. It is from this perspective that a critical paradigm could be useful in researching curriculum delivery. Emancipatory interest also exposes power relationships that shape society, Habermas contended that a critical analysis must occur since the power of constraints dwells within unreflected communication, consequently, communication is perpetuated through language, tradition and beliefs. I was keen to find out if the *Project 2000* curriculum and its delivery introduces students to critical reflection where they attempted to examine rules, habits and traditions, normally accepted without question. The result of which was the questioning of such 'lawlike' structures and the encouragement of self-reflection for those whom the laws are about.

The further development of the methodological framework occurred for two reasons; one of which was empirical while the other was political. The primary reason was that following the collection of data from all three sources an emancipatory picture was not being presented. Quite simply, there was no evidence to suggest that the six women were 'seeking' emancipatory knowledge. Conversely, they appeared to be highly resistant to what the education programme had to offer in terms of enlightenment. Secondly, the nurse teachers, while quite clearly committed to their professional responsibilities were not all adopting critical strategies. Finally, I was concerned about missing things because I could not 'see' them through a particular theoretical lens. Also of concern was the notion of 'if I don't ask then they don't tell'. The schedule of interview questions were the prerogative of myself, of what themes I deemed to be important. It seemed that I was imposing onto the women in my study that which *I* considered to be relevant in their lives and, by omission, that which I considered to be irrelevant. By not allowing them to tell *their* story in *their* own way I was imposing another form of oppression on them. In an attempt to overcome these methodological problems I revised the entire data collection strategy. I wanted to focus on the women and their experiences without further direction or interference from me.

Politically (as well as personally) I was attracted to the whole idea of postmodernism. Postmodernism is hard to define, as a concept it appears in a wide variety of disciplines or areas of study. It does not exist as such, but rather in the discourses it produces. One can see it as a critique of the organization of knowledge; things are not learned for the sake of it but have a practical application. Knowledge is therefore functional. Postmodern thought favours reflexivity and self-consciousness, fragmentation and discontinuity (especially in narrative structures) and, importantly, places an emphasis on the decentred, deconstructed subject. Postmodernism rejects what it calls 'grand narratives', that is, universal or global concepts; instead it favours 'mini-narratives'. These are stories that explain everyday practices or local events which are situational, provisional and temporary; they make no claim to universality. At the same time I became increasingly engaged by the concept of feminist auto/biography as described by Liz Stanley (1991). It is this that led me to the revised nature of my data collection technique. Women's life stories have been the focus for feminist cultural and critical practices since the early 1980s. I began to see the value in presenting the research data as autobiographical 'mini-narratives'.

Most postmodern philosophers are concerned with language, particularly Michel Foucault and Jacques Derrida. The key element of postmodern philosophy is the 'linguistic turn'. Derrida (1976) sees the root of much philosophical binarism in the arbitrary division and prioritization of writing and speech. For him, how we speak about the world shapes our experience of it. Foucault (1980) believed the key factor in shaping human experience is 'discourse' – the setting of boundaries for which statements are meaningful and which are not. But there is a major problem for the researcher who wishes to adopt a postmodern approach. My understanding of Derrida's discussions on 'play' in language and what he calls the constant deferment of meaning implies that *any* statement or utterance can have an infinite number of meanings attached to it. Indeed, the most telling criticism of postmodernist thinking is that by deconstructing and delegitimating everything, nothing remains. This apparent inability to make any 'sense' of textual data is an extremely unhelpful position for a researcher to be in. But I took heart from Weedon's (1987) belief that meaning does not disappear altogether, rather it is interpreted through the specific discourses within which it is produced. I needed to fix the speaking voice to a specific space and time and overcome the constant deferral of meaning which symbolizes the postmodern condition. The tool I used was a theoretical method for reading the texts which I then applied methodologically: a chronotopic analysis (Bakhtin 1981). The study became a record of the women's experiences which identifies and challenges the discourses from which they speak.

The work of Mikhail Bakhtin predates postmodernism, but his notions of dialogics and the chronotope, has had a substantial impact on contemporary critical practices. His main theory is that one establishes one's own beliefs through the experiences and opinions of another's discourse. A person's speech is in all actuality about half of other people's thoughts and speech, and the person who is speaking simply alters the words and considers the thoughts his or her own.

Bakhtin's theory is that one's speech is usually not original; that is, that as we listen to what other's say to us and listen to conversations around us, we tend to use these topics in our *own* discourse. This implies that the speaking person's intent is to transmit discourse as original ideas, yet these thoughts are only mere representations of another person's speech. Put simply, language cannot represent the subject, merely the position from which they are speaking. The application of chronotopic analyses as a way of

fixing a meaning to the women's autobiographies was done through identifying the discourses which the women produce in the telling of their stories.

Bakhtin (1981) believed that an individual's beliefs would change over time when they start to learn on their own. He says that at first, people are stimulated by another's beliefs (discourses), but "will sooner or later begin to liberate themselves from the authority of the other's discourse" (p787). Everyone eventually forms his or her own beliefs and ideas. I wondered if *this* was the reason for women's conflicts and tensions in education. In their ideological becoming, the women were in fact a site of discursive struggle as they rejected dominant discourses from both within and without the profession and developed their own. I also believed that the reason the data did not support the notion of an emancipatory curriculum was because it was another way of transmitting dominant, cultural discourses.

5. Research design

The research began in January 1994, but it was not until September 1994, when the new unitized RN/DipHE (*Project 2000*) programme started, that the data collection phase commenced. The intervening nine months were spent in preparing myself for the fieldwork, and defining and redefining my research questions. Because my research credentials were practically non-existent, I struggled with the conceptual and theoretical aspects of the study. Consequently, much of the time was spent in absorbing the fundamentals of critical social theory and, to a lesser extent, thematic analysis, which I was to use as my data analysis technique. Because of the University Research Degree Committee's regulation regarding related learning and methods training, I also attended and completed a MSc in Social Research. This proved invaluable for two reasons: firstly, it introduced me to research as a craft as well as an intellectual pursuit; secondly, in having to complete and submit assessed work to a deadline, it ensured that I kept to a fairly rigid timetable. It also gave me something else; confidence. Confidence to accept being wrong and confidence to see methodology, not as an article of faith, but as a tool which can be picked up and put back down again when it has served its purpose.

The study itself was conducted in two stages, which reflected my own transition from M.Phil level registration to Ph.D level registration, and took place over a four-year

period. The first (M.Phil) stage involved data collection from three sources: the women students, a sample of unit teachers and the curriculum itself. This particular approach was adopted because I saw using multiple sources of data as enhancing the overall rigour of the study. Apart from this process of 'triangulation' I also saw the inclusion of the curriculum and unit teachers as a means of substantiating the apparent emancipation of the women learners.

The second stage of the research began in 1996, some two-and-a-half years after the commencement of the study. The data collected from the three sources, whilst fascinating, did not corroborate the picture of emancipatory teaching or learning. That the women underwent a 'change process' was apparent, but the nature (and cause) of that change remained hidden. For this reason, I concentrated on the women participants exclusively for the remainder of the study. After a discussion with them where I explained the 'problem' I was experiencing, a more focussed method was arrived at. Each of the women agreed to tell the story of her life. Rather than do further in-depth interviews, I instead supplied each of the women with a two-hour audiocassette and a hand-held tape recorder, and asked them to talk in any way they pleased about themselves. Most of them needed an idea of what I was after; a short brief was given to them that they may wish to include their earliest memories, relationships, why they wanted to become nurses and their impression of the course. I also asked them to consider whether they felt they had changed since commencing the programme. I set no time limit on how long they had to talk for, when they had to return the tapes by or where they had to do it. Within two weeks the tapes were all returned. The shortest was 45 minutes long and the longest an hour and a half. An interesting feature was that all of the women had had at least one attempt at telling their life story before wiping the tape and starting again. They saw this as a rehearsal; I saw it as reinterpreting memories. I still wonder what was on the first telling of their stories and how much did it differ from the final version.

6. Overview of the study

I have divided the thesis into three parts. Part one locates the women in my study within the discursive field; part two is given over to the women themselves; and part three discusses the production of the women's new identities, the means of their self-representation and the sites of their resistance.

In chapter one I set the scene within a historical and political context. The establishment of nursing as a quasi-profession is traced from its origins as a glorified form of domestic service. The inextricable link it has with femininity is explored along with its often troubled relationship with feminism. Because of its origins nursing, the reification of femininity, is still seen as providing work for particular women; not only is it a gendered occupation, it is also a stratified one. That feminism has not ameliorated the oppressive nature of nursing is precisely *because* it is so gendered. The caring paradox, a constant within the profession (and indeed this thesis), is introduced.

The second chapter sees an introduction to the background of the research study as well a discussion on the methodological considerations. Half way through the study I decided to adopt a different philosophical stance. Therefore the chapter also provides an account of this shift as well as a discussion on how I managed the overall rigour of the process. The adoption of a postmodernist approach also impinged upon my original position as a 'feminist' researcher, so I also introduce the tensions that exist between postmodernism and feminism. Chapter three addresses the complex nature of language in relation to the articulation of the subjects' experiences and introduces the theorist who is fundamental to my understanding of the six women's life stories: Mikhail Bakhtin. Although he is best associated with the discipline of literary criticism, I shall argue that his theory is ideally placed to reveal the meaning of the women's life stories. I continue my discussion by introducing the concept of autobiography, both as genre and method, which I considered an important tool for theorizing the subjectivity of the participants. Feminist narrative and biography is viewed within this conceptual framework and I draw a distinction between this and the postmodernist accounts of self-representation. The chapter ends with the concept of chronotopic analysis, which was the deconstructive tool I used when analyzing the texts of the women's autobiographies and gives the reader an account of why and how I decided to use this particular method.

Part two is given over to the women themselves and their narratives form the fourth to ninth chapters with each individual autobiography reproduced in textual form. What is revealed are the range of subject positions which the women adopt as they attempt self-representation. These subject positions are ever changing and at times appear quite contradictory. The narratives raise a crucial question: how can we understand and locate the position from which the women speak?

Part three of the thesis is concerned with data analyses through the use of the 'chronotope' as devised by Mikhail Bakhtin (1981). The production of different cultural identities and a further discussion of the feminist concept of the 'personal as political' is found in chapter ten. Through deconstruction of the women's narratives using a chronotopic analysis, the dominant discourses, which shape the women's language, are uncovered.

Chapter eleven explores the role of power, resistance and control, and how this impinges upon the women in my study. I pay particular attention to language and the notion of binary oppositions. My contention is that the dichotomizing processes present within the gendering of language are in fact false: it is the women's resistance to these dichotomies, and not the opposites they represent, which is the site of tension for them. The particular polemic of private/public forms the basis of my discussion, with attention being paid to the dislocation and re-positioning within the spaces of home/work and dependence/independence.

Chapter twelve explores the process of 'becoming' a nurse and the ontological transformation that occurs in a professional context. This switch from the private to the public aspect of the women's lives serves to highlight the tensions they experience during the establishment of a professional subjectivity. Issues addressed within the chapter are the semantic and pragmatic aspects of nursing followed by a discussion on how the women's experiences interface with those of the nurse teacher. The resultant implications on teachers' own practices are fully explored and recommendations for the future made. The chapter ends with an exploration regarding the gendered position of care giving.

In the final chapter, the four tenets of postmodern critique are each addressed within the context of the research study. The category of 'nurse' itself is deconstructed and the problem of language, gender and self-representation is summarized within the context of dominant discourses. The chapter, and thesis, ends with the notion of *différance*, the women are both defined by and resisting against the 'other'.

7. Postscript to the study

My study has aimed to celebrate and validate difference, but it is important to acknowledge that identity is a constantly changing phenomenon and therefore the notion of a fixed unique identity is rejected. My research is ultimately about *how* the six women adopted a range of cultural identities through adopting different discourses, and *how* they represented themselves through their resistance to inscribed identities. My research asked *what* tensions lies within the different subject positions the women adopt, and from *where* do their 'voices' speak?

This thesis has chronicled my attempts to find answers to the questions posed by the 'problem' of nurse education. It was also about the difficulties and tensions I experienced in trying to find these answers. The most important aspect, though, was the eventual realization that knowledge in the form of a data is not there just lying there, waiting for a researcher to discover. For me, the reason for doing this research lies within my life story. I am *it*. But you (the reader), I and the women in my study actually exist in as many different ways as there are readers and ways of reading. Any conclusions reached depend on the multiple meanings we attach to the experiences detailed and not because of their 'fit' into any particular theory. My only real aim is to give the six women a 'voice' that would be heard by the people responsible for curriculum development and educational policies. I just hope that they listen, and hear it for what it is.

It has been both a privilege and pleasure doing this research study with the six women. Knowing them has enriched my life as well as allowing me an insight into their lives. I can only hope I have allowed them to stand out, not only as women, but also as the 'professionals' they all aspire to be.

PART 1: LOCATING THE WOMEN IN THE DISCURSIVE FIELD

Three or four years of strict discipline under the rule of another woman, accompanied by hard physical and mental work, an atmosphere of sickness and suffering, a perpetual state of unnecessary restrictions. An exile from the world of art and letters and human progress and the narrowing effect of institution life. And all the time there lurks around the spectre of fear. For if she thinks for herself and speaks out fearlessly and independently, if she rebels against anything that seems tyrannical or wrong, she will incur the displeasure of the authorities at the present moment, run the risk of losing her certificate, and forfeit the help of her training school when she launches out as a fully trained nurse.

Dr Comyns Berkely;
Nursing Times: 30th October 1920. p1264

CHAPTER ONE

BACKGROUND TO THE STUDY

Nursing is a site of discursive conflict as it struggles to reconcile its history with its aspirations for the future. For with nursing, what you see is *not* what you get. In this chapter I address the socio-political influences which, I believe, have dominated the nursing profession by reviewing the literature pertaining to the development of the professional education of nurses. The review begins with an account of the historical and policy backgrounds which have shaped the profession, before moving on to discuss the educational initiatives which led to the development of the new educational programme *Project 2000*. The educational philosophies and ideologies which pervade the professional education system are also examined, for it is here that the competing discourses clash, and the women are exposed to the so-called 'hidden curriculum'.

The concept of 'caring' is essential to definitions of both nursing and womanhood, and is both celebrated *and* denigrated by feminists. Therefore the literature review ends with an account of the uneasy relationship between nursing and the feminist movement, and examines how adopting feminist principles has exposed the profession and those within it to tensions and conflicts.

1. Professionalizing domesticity: reconciling the conflict

The ideology of domesticity, prescribing the role of women, and the ideology of professionalization, which held the promise of social prestige and autonomy, have powerfully shaped the evolution of nursing (Hughes 1990). I commence this review of the literature by exploring how the professional education of nursing has been driven by these two conflicting and seemingly irreconcilable ideological views as it moved from pupillage to apprenticeship to scholarship. The central premise of much of the literature is that anatomy is destiny and nowhere has this been better exemplified than in the struggle for professional identity. Nurses (and women for that matter) have long since recognized the impact of history and culture on

their status, and the profession could now be said to have reached a watershed. Much against government training policy, the professional education of nurses has moved from the hospital, the domain of the physician, into higher education where there is the possibility of academic freedom (although it remains to be seen whether or not it stays there).

Muff (1988) sees nursing as a caricature of femininity, subject to the same discrimination as are females in general. In the same way that women's work has been devalued, the work of nurses is devalued as 'natural' rather than learned. Nursing is not an intellectual discipline, so nurses do not need a higher education. Thus, nurse education has become the site of professional and, as I argue later on, personal tension and conflict. As nurses, we are inextricably tied to our history and its 'cultural baggage.' My contention is that the disparate ideologies which have shaped the profession have somehow combined to create an environment of conflicting discourses and subscribed identities which are resisted by some women.

1.1. Historical and policy background

In his definitive account of the history of nursing Abel-Smith (1960) describes the demographic factors of migration, the late age of marriage and low marriage rates creating a pool of idle spinster labour. Ehrenreich & English (1979) have drawn attention to the functionless position of women in prosperous Victorian families, where women were prevented by convention and strong social pressures from engaging in trades or competing with men in the learned professions. If they were to escape the oppressive confines of family life it should be through charitable duties. Whilst caring for the sick would appear to be a logical solution to the enforced indolent leisure of the Victorian lady, it was nevertheless still closed to the 'respectable' girl by the 'low character' of the women believed to be engaged in such work. If nursing could be made respectable, it could provide an outlet for the social conscience and frustrated energies of the Victorian spinster (Abel-Smith 1960).

The system of nurse training prior to the Nightingale era was, to say the least, haphazard, although it undoubtedly produced some very good nurses. There were also bad nurses, and drink was a major vice attributed to those engaged in giving care. Drunkenness

was common among women from whom nurses were recruited, not that this was seen as a problem by hospital authorities who often paid their nurses with gin.

As the economy boomed, the great Victorian philanthropic movement began and towns and parishes began building hospitals from public subscription; these voluntary hospitals were monuments testament to the prosperity and public mindedness of its citizens. This altruism was tempered by the belief that outdoor relief encouraged idleness, so there was a large increase in the number of workhouses. The workhouses had not been designed nor intended for the care of the sick. The old, the demented, the physically ill and the able-bodied were all bundled together in the same institution managed with one major aim - to discourage the able-bodied from seeking support from public funds (Maggs 1985). The Poor Law Amendment Act (1834) effectively ended outdoor relief and the workhouses gradually filled up with the chronically sick and elderly. Most of the direct care was provided by other pauper inmates. This was preferred because it was a form of work that did not compete with outside trades, it was unpleasant enough to discourage people from staying in the workhouse for longer than necessary and it was cheap since the pauper nurses did not have to be paid market wages. They simply received extra privileges in the form of food or liquor. There remained, according to Williams (1980), a good deal of nursing care given as outdoor relief which also included midwifery. The picture which emerges is one of relatively poor women, usually widows and deserted wives, providing service to other poor people. Their payments from the Poor Law might well have functioned, in effect, as a form of outdoor relief for themselves (Baly 1995).

It was against this backdrop that Florence Nightingale received her 'call' from God and the rest, as they say, is history. For nursing gave Florence a *raison d'être* and Florence gave nursing 'respectability'. The Nightingale Training School started in 1860 at St Thomas's Hospital following donations from the public, grateful for Florence's work in the Crimea. It was not long before the advantages of nursing as a career for gentlewomen were being enthusiastically canvassed. As lady-pupils completed their training, they were appointed Matrons at voluntary hospitals. The speed with which they brought reform bordered on the ruthless, often sacking nurses and replacing them with probationers. Eventually training schools sprang up at most voluntary hospitals. The new regime brought rules and regulations to facilitate its professional image: uniforms, sobriety and even chastity, for marriage meant the end of nursing as a career.

Gamarnikow (1991) has argued that in order to legitimise nursing reform Nightingale and her disciples employed ideologies of femininity. They claimed that women ought to do nursing work because the tasks involved were identical to those already performed in the home by women, and because the caring qualities required in nurses were uniquely feminine. Gamarnikow contends that the crucial issue is that reformers employed feminine ideologies in an enabling manner. In other words, they did not focus on femininity as a form of restriction, limitation or disability but instead they constructed nursing as 'femininity in action', an occupation of women's work for women. By linking nursing with femininity the reformers claimed a right to training, employment and career. By contrast, medical men defined femininity in terms of patriarchal female domination, resulting in fundamentally different conceptions of the link between nursing and femininity. Delamothe (1988) describes how the interplay between nursing and medical interpretations of 'nursing as women's work' lies at the very heart of the occupational formation of nursing, making the gendering of nursing a complex and problematic phenomenon.

Training was a major pillar of reform. It consisted of two elements: theoretical instruction and ward work or 'on-the-job' training. The former took the form of lectures by doctors on medical subjects, and later sister tutors, deemed essential for nurses whose skills and practice hinged on knowing, as Florence Nightingale put it, 'the reason why'. Theoretical training had contradictory effects on the medical profession. It provided trained medical 'assistants' who could be relied upon to carry out orders knowledgeably, but while doctors desired *skilled* service, it was on the understanding that they should control the nursing curriculum and hence nursing practice.

Persons practising as nurses were varied: probationers of three or four years standing one-year-trained lady pupils district nurses who had served six month apprenticeships and those with skills acquired on the periphery. Standards of training schools varied enormously from the high quality London teaching hospitals to the low quality provincial hospitals where probationers were little more than cheap labour (Abel-Smith 1960). The more militant qualified nurses wanted to draw a firm line between those nurses who were fit to practice and those who were not. The fight for registration had begun, but how was the qualified nurse to be defined?

Training alone was not held to be a sufficient test since while training hospitals were issuing certificates the quality of training widely varied. Thus, some central body was to be set up which would decide which hospitals were providing adequate training and which were not. In addition, there was to be a national examination to ascertain whether each individual trainee had benefited sufficiently from her course. Only those successful at this examination were to be admitted to the register. The first move to form a professional organization was made by Ethel Gordon Manson, later Ethel Bedford-Fenwick, who founded the British Nurses Association in 1887. She argued that nurses should "come from a class of woman who had been trusted for so many years that the failures would be the exceptions" (Dingwall *et al* 1988: p71). Firm educational and financial barriers should be erected in training schools to keep out 'undesirable' recruits, meaning trainees should receive no salary and should pay for entry onto the register.

Nightingale firmly opposed registration believing it would damage and demean nursing. Her principle objection was that registration would involve the introduction of an examination, which in her view would not be an indicator of professional competence, but merely of knowledge, which Nightingale believed could be acquired in the first six months of training: a public examination could not replace individual hospital assessments into a nurse's suitability. "The idea of new-fangled people is to put nurses on the level of dictionaries - a dictionary can answer questions" (Abel-Smith 1960: p87). She set great store upon the personal qualities required by nurses. It would appear then that theory and practice were dichotomized even prior to the establishment of the nursing register. This dichotomy forms the basis of later discussion in the thesis as it forms a central chronotope within the women's autobiographies.

Florence Nightingale's views were extremely influential and she ran the anti-registration campaign in a subversive manner for fear of dividing the profession into two camps (Abel-Smith 1960). Despite agitation and mass meetings by the British Nurses Association, as long as Nightingale lived registration, whether achieved by act of parliament or royal charter, was to remain out of reach. Then in 1919, nine years after the death of Florence Nightingale, the Nurses' Bill received royal assent and a General Nursing Council for England and Wales (GNC) was established. In 1925 the first state examinations were held: state registration was now via a three year training programme in an approved hospital and by passing written and practical assessments conducted by the council.

It was over 20 years before there was any major legislative change. In 1946 the National Health Service Act receive royal assent and in the same year the Government set up the Wood Committee, a working party on the recruitment and training of nurses which reported the following year. A detailed report, it contained 40 main conclusions: tackling wastage; giving nursing students full student and supernumerary status placing students under the control of the training institution rather than the hospital and providing adequate and suitably trained teaching staff, as well as recommending a training programme comprising two 18-month components which would provide common and specialist education. The GNC took the report seriously. It published its comments in 1948, agreeing with the Wood Committee's findings. The Council made clear that it was aware of the problems identified by the Committee, but it was, as its modern day replacement still is, hampered in dealing with problems and instigating change by the need for legislation.

The recommendations from the Wood Committee on Nursing Recruitment and Training were never legislated for. Consequently when the next working party was set up its findings were depressingly familiar. The then Secretary of State, Richard Crossman, charged Asa Briggs with the task of heading a committee whose brief was "To review the role of the nurse and midwife in hospital and the community and the education and training required for the role so that the best use is made of available manpower to meet present needs and the needs of an integrated health service" (Committee on Nursing 1972).

As Dingwall *et al* (1988) argue, the Briggs Committee was set up against a background of industrial unrest. In this respect it resembled most of the policy initiatives in nursing since the 1919 Act, in that central government's standard approach to nursing policy is one of crisis management. Melia (1987) has observed that, unlike the report from the Wood Committee, the Committee on Nursing was not set up to better the lot of the nurse, the patient, or the Health Service in general. Rather it was little more than a 'knee-jerk' reaction to deflect short-term political problems and was typical of the Labour Government of 1964-1970 which set up dozens of Royal Commissions and Departmental Committees.

The interesting feature is that Briggs was directed to plan within the already existing resource allocation regarding management structure. Once new investment was ruled out, managerial interests could disengage themselves from the committee's work in the knowledge that its proposals could always be modified in their implementation by playing the

'resource implication' card. The field then, argued Dingwall *et al* (1988), was left clear for the professionalizing segment of nursing to gain control of the committee's deliberations. Consequently the Briggs Report has gone down in nursing history as being instrumental in reshaping nursing, by giving it the ubiquitous statement that 'nursing should be a research-based profession'.

Briggs offered a comprehensive vision of nursing education, with each individual free to select the track and pace of learning which suited them. The new training would foster 'mixed ability' intake onto a common programme The initial 18-month programme would lead to a Certificate, but a further 18-months' study would be required for registration. Selected candidates would be able to continue to a Higher Certificate and students were to be supernumerary with full student status. To oversee the system, Briggs recommended the framework of a central council for registration, professional standards and discipline, with education boards in each of the four countries of the United Kingdom.

The recommendations were designed to prevent fragmentation and overlap in the function of the statutory bodies and other certificating boards and associations. The Committee was set up under a Labour government and only narrowly avoided being scrapped altogether when the Conservatives took office in 1970. The new Secretary of State, Sir Keith Joseph, had no particular commitment to the review or its report but, rather than rejecting it outright, he initiated the first in a protracted series of consultation exercises (Dingwall *et al* 1988). It was only in 1974 following another change of government that Barbara Castle, as Labour Secretary of State, announced the acceptance of the Committee's main recommendations. But once again the Health Service was in crisis action on Briggs was stalled by the Halsbury review into nurses pay and conditions, and when it returned onto the political agenda in the autumn of 1974 the then DHSS responded in classic civil service fashion by setting up another period of consultation. This brought together department officials and representatives from nursing organizations to discuss the necessary legislation. In 1977 the government accepted European Union directives which called for a broad base for training with a course lasting three years, or 4600 hours, and set up an Advisory Committee on Nursing to advise the European Commission on the balance of theory and other related issues.

These events and changes in the management of the National Health Service in the 1970s gave the added impetus for new legislation and, in November 1978, a bill was finally introduced into what was widely expected to be the last session of the parliament. It was not without its detractors, but in 1979 The Nurses, Midwives and Health Visitors Act was passed which enabled the setting up of the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) and the National Boards. The membership of the UKCC was partly appointed and partly elected from those appointed to the four National Boards. This so-called 'shadow Council' (1979-1983) and the Boards worked for four years to prepare for an election by members of the profession and for the smooth transfer of the work of the extant bodies to the five new statutory bodies. The UKCC also had responsibility for the maintenance of professional standards and improving training, including the standard, kind and content of training to be undertaken for registration and the further training of those already registered. A number of Statutory Instruments have since been passed to establish, for instance, the single professional register, entry criteria, patterns of training and professional conduct procedures.

While the UKCC has the statutory responsibility for the standard, kind and content of nursing education programmes, the responsibility for implementation rests with the National Boards; it may be helpful to see the UKCC as the policy-making body and the Boards as the operational executives. It is essential that they work in harmony in order to ensure delivery of professional education which reflects the changing needs of society. As a consequence, continual changes in the nursing curriculum are inevitable as the health-care system evolves and research informs improved patterns of patient care. The major reform within the profession's own education system coincided with major health reforms when the Conservative government introduced the internal market to the NHS. Professional education became both a commodity and an academic faculty, thus the nature of nurse education changed irrevocably. This next section explores the 'macro' and 'micro' political landscapes within which the women's learning experience took place. I deem this necessary as the women's experiences cannot exist within a 'cultural vacuum'. Situating them within the prevailing professional discourses allows the reader to 'fix' the women at specific times and places.

2. 2001: a nursing odyssey

From the late 1980s, colleges of nursing and midwifery began to amalgamate to form larger, often complex organizations which could cover two or more District Health Authorities. This was as a result of Regional Educational Strategies designed to ease the transition from small, sometimes isolated schools of nursing to the much larger colleges. The change was primarily due to the new *Project 2000* education programme. The UKCC delegated responsibility for the development of *Project 2000* to its Educational Policy Advisory Committee whose recommendations were accepted and these, in turn, were accepted by the Thatcher government.

Prior to the implementation of *Project 2000*, there had been many changes in nursing practice and education which developed as a result of changing health care needs and the increasing amount of care being given in the community. There was a clear need to overcome deficiencies in the preparation for nursing which was seen as inflexible and flawed and which produced 'hospital nurses' (Spencer 1992). Because of the changing health needs of people, 'reflective practitioners' and 'knowledgeable doers' were required to take health care delivery into the 21st century (UKCC 1986). This emphasis on the theoretical aspects of nurse education was met with opposition, even derision, by many in the profession. It was almost as if nurses were in danger of being educated to the point of uselessness, in what has been described as "the belief which conventional nurses hold concerning the inverse relationship between intellectual ability and manual dexterity" (Luker 1984: p4). But, as I will discuss later, this relationship is not a straightforward dichotomy between one and the other, even though it is often presented as such.

The view of the UKCC was that there was a need to change the structure, kind and content of nurse education to enable a more adaptable nurse to be recruited, developed and retained; one better equipped to help meet the needs of society as we approach the next millennium. After consultation, the UKCC (1987) summarized the case for change under the following headings:

- a system of education geared to meeting future health needs
- a group of professionals able and willing to adapt rapidly to change
- a better relationship between education and service
- a simpler overall pattern of preparation while maintaining and improving standards

- a greater degree of professional unity and constructive participation in health policy

(See appendix 1 for statutory instrument approval order).

The course is designed in two halves; a common foundation programme (CFP) of 18-months followed by one of four branch programmes (adult, child, mental health and learning disability), also 18-months. The aim of the UKCC was for students to study together on the CFP gaining a deeper understanding of the options available to them in nursing so that they may make an informed choice about the branch of nursing they wished to study. In reality, most students find they are required to make a decision at the time of application for a place on a course. In England and Wales, most colleges have been influenced in this by the Nurses' Central Clearing House. The reason given is that health authorities need students to be channelled into specific branches for staff planning purposes and regional consortia contract for training to meet their workforce needs. Choosing the branch in this way is not in the spirit of *Project 2000.* However, there is a margin of opportunity for students to switch branches. In fact this was the case for one of the women in my study; Alison had initially intended to do the Mental Health Branch but changed over to the Adult Branch at the end of the CFP.

At the centre of Project *2000* is the practice of nursing and the way it is learned. Obvious changes include the introduction of supernumerary status and practice placements which are organized for educational rather than service-giving reasons. This supernumerary status has been designed to give students more time to reflect, to enable them to develop higher levels of analytical competencies, and to be knowledgeable practitioners who are able to work in institutional and non-institutional settings (Spencer 1992). In principle, one could argue that *Project 2000* offers the promise of that elusive reconciliation between the ideologies of professionalization and domesticity.

With the Conservative Government planning to implement the most radical reform of the NHS in 1990, there was a need to make a clear distinction between the financing of health care and the financing of health care education. This separation was achieved through the publication in 1989 of the tenth working paper examining the implications of the original white paper *Working for Patients* (Department of Health 1989a). *Education and Training: Working Paper Ten* (Department of Health 1989b) established the principle of direct funding of education and training through regional health authorities (RHAs).

With the new NHS trusts split off from DHAs, and education training and provision routed through RHAs, the position of nurse training schools became increasingly tenuous. This in effect meant that DHAs were providing regionally funded education services for those NHS trusts from which they were also purchasing health services. Even in the 'quasi-market' of the health service this lack of distinction between purchaser and provider was anomalous. In the event, the concomitant but unrelated overhaul of nursing curricula and the introduction of *Project 2000* supplied the solution. With the recommendation that nurse education be situated within the higher education institutions (HEIs), the DHAs were allowed to concentrate their efforts on health care purchasing.

Nineteen ninety-five saw the publication of details of a new framework for planning and commissioning education and training. The central element was the establishment of consortia of representatives from health care provider organizations and purchasing authorities. These consortia are now responsible for the commissioning of non-medical training and education. Humphreys (1996) reports a perception among NHS trust chief executives that a 'political orientation' within non-medical education and training can "protect traditional values or at least hinder the changes they are expected to achieve" (p1292). If this 'political orientation' is the current orthodoxy within higher education institutions then the implication is that prevailing priorities result in a total lack of coherence. On the other hand, according to Bartlett & Le Grand (1993), an effective internal market generates responsiveness among providers because not to do so may jeopardise the contract.

This then is the macro-political context of contemporary nurse education after massive reform and reorganization which, despite a change in government, will remain. It would be naive to suggest that nurse teachers and students within these institutions are impervious to the prevailing ideologies of the internal market and competition. What is also of importance is the *micro-politics* of nurse education, since an analysis of the minutiae of educational practices allows for the drawing out of dominant discourses which pervade the learning environment.

2.1 The (hidden) curriculum

Nursing knowledge has theoretical and practical elements. The theoretical component must embrace ethical, technical, political, spiritual, psycho-social and economic dimensions. Included in the practice element are problem-solving, decision-making and the assessment, planning, implementation and evaluation of care. Along with these two strands of professional nurse education, nurses are also expected to know about their patients and clients, and about the rules, routines and regimens that make up the complicated world of nursing. All professional knowledge must be learned, but it is *how* it is learned which is becoming increasingly difficult to articulate. There appear to be three discrete strands to the learning process: the curriculum, the teacher and the site where they meet, the learner.

Cook (1991) argues that attempts to close the theory-practice gap are doomed to fail due to the powerful and mostly unrecognized influence of the so called 'hidden curriculum' within the clinical area. Pitts (1985) describes the hidden curriculum as the implicit messages and values that lie within the legitimate or official curriculum. Whilst the theory of nursing as taught in the classroom purports to benefit the patient, Ferguson & Jinks (1994) suggest that the theory underlying many nursing practices does in fact serve to protect the nurse from stress and to meet the needs of the institution rather than the patient. While the official curriculum strives to produce a 'knowledgeable, questioning doer', the hidden curriculum aims for a 'compliant novitiate' (Holloway & Penson 1987: p239).

The powerful influence of the practice setting in transmitting values to students has been well documented (Fretwell 1982; Melia 1983; Treacy 1987). Students try to fit into the clinical environment by learning the routine. They take on the prevailing work ethic, they learn to "work quickly, look busy and pull their weight" (Melia 1983: p140). Students who question standards or practice as they have been taught in the classroom risk rejection by clinical staff. But to lay the blame for the hidden curriculum at the door of practitioners is both unfair and inaccurate. Much of the recent nursing education literature would appear to be informed by critical social theory in that enlightenment, empowerment and emancipation of students, and critical analysis of the conditions in which they practice, is advocated. It has been suggested that this be done through the transformation of the curriculum and manipulation of the learning environment (Bevis and Watson 1989). These suggestions, argues Clare (1993a), fail to take into account the ways in which dominant ideologies shape

the consciousness of nurse teachers and students to accept prevailing world views as to what constitutes professional practice or how it is learned.

Dominant discourses in nurse education reify particular nursing ideals, particularly those of reflective practice and holism (as well as particular teaching strategies, such as experiential learning and student-centred teaching which are discussed in the next section). Clare (1993a) believes that this reification may even go so far as to dismiss or explain away contradictions between classroom knowledge and students' lived experiences in clinical areas as personal and idiosyncratic rather than commonplace and collective.

Because it has not been part of the official curriculum, the process of professional socialization has remained more or less unexamined as to content, process and effect. While nurse teachers preach autonomy and holistic care, their own practices in the educational setting contradict this (Casey 1995), giving students subtle messages about their ability to make changes and to be autonomous. Pitts (1985) contends that the neophyte nurse learns to accept isolation instead of collegiality and definitions of space and time designed to maintain the health care system rather than to provide quality health care to clients. Perhaps most significant of all is the claim that "autonomy is supplanted by passivity and subordination to power and authority" (Pitts 1985: p38). The socializing environment that considers objective reality and excludes subjective experience thus teaches that the most successful student must conform to and ultimately adopt the definition of the nursing role held by those with greater power and authority. Within this context, argues Pitts, the student's definition of the professional nursing role takes on substance and form.

As argued by Muff (1988), the images and stereotypes which surround nursing are seen as acting as self-fulfilling in that they continue to attract those people who hold the same characteristics. Studies which have sought to establish the social profile of student nurses have suggested a changing demography. Borill (1989) stated that a typical cohort attracted those who had made a commitment to nursing for perceived job satisfaction and were influenced by familial employment in nursing and a desire to care for people. The majority are white European females who consider nursing during their school years, 67% commencing their training between the ages of 17 and 25. This of course implies that over 30% of student nurses do not 'fit' the stereotypical image. Indeed the cohort to which the

women in my study belong reflects this statistic, with 29% of the group *not* being young (under 25 years), white or female.

2.2 The nurse teacher: practices and philosophies

The first nurse teaching post was established in 1872. Her role was to assist the home sister in the training of writing, the Bible and the supervision of probationers' attendance at doctors' lectures, and she remained subordinate to the matron and the doctor (Davies 1980). Even today there is a uniqueness about the nurse teacher, and I believe this has led to tensions within the sphere of their practice. As long ago as 1954 the GNC were advocating the need for teachers of nursing to maintain contact with the general field of education. As Crotty & Butterworth (1992) note, it was extremely hard to imagine how this link could be possible given the monotechnic preparation of both the nurse and the nurse teacher. By the 1970s there was an expectation that nurse teachers would be competent in teaching skills, counselling skills and in the management of the nursing process. The publication of the report on the Committee on Nursing (DHSS 1972) suggested the need to move completely away from the traditional concept of the nurse tutor teaching all subjects in the nursing syllabus.

As already discussed, the introduction of *Project 2000* coincided with other changes in the health service; the combined effect of which was the shift of nurse education into the university setting. This move from the monotechnic to the polytechnic led to increased pressure on nurse teachers. Not only did it necessitate the acquisition of first and higher degrees, but there was also a need to adapt to the higher education culture where involvement in research is expected and where performance is measured in terms of research activity and publication (Kirk *et al* 1995). Also a tension has been created within the higher education institutions as nurse teachers were appointed to senior lecturer positions without having to meet the usual academic criteria, a situation which, according to the Royal College of Nursing (1993), emphasized academic credibility issues.

Clifford (1994) found that a large number of teachers expressed concern about the future of nurse education within a university setting. Not only did nurse teachers feel threatened by seemingly unrelenting reform and change, they also expressed difficulty in meeting the already diverse demands of their role, particularly their clinical role. The

Department of Health, in its *Strategy for Nursing* document, states that nurse teachers must be clinically credible (Department of Health 1989c) and additionally the ENB has indicated that it expects teachers to be engaged in clinical practice by teaching in clinical settings for 20% of their time (ENB 1993). I would argue that the competing 'credibility demands' placed upon nurse teachers has served to obstruct their acceptance in both spheres of their practice. How they reconcile these demands is unfortunately not articulated in any of the myriad of official publications. Cave (1994) blames the discrepancy between what is taught by teachers and what is practised in clinical areas firmly at the doors of the non-practising teacher and the atheoretical practitioner. The dominant discourses of theory and practice are thus ever competing, the irony is that even nurse academics reinforce these discursive practices.

Interviews with nurse teachers would provide a picture of current practice. Although the initial rationale for carrying out the interviews was to examine how teachers 'delivered' the curriculum, that is, was it potentially emancipatory? Later, they were also to reveal themselves as a site for the multiple discourses residing within the professional education of nurses.

2.3 The anomalous student

Pleasance & Sweeney (1994) found that the entry characteristics of students differed depending on the type of nursing programme. Students on traditional pre-registration programmes (pre-*Project 2000*) and those on undergraduate programmes displayed differences in social background, reasons for entry and motivation, as well as different values and orientations, probably related to the entry criteria. As stated earlier, the introduction of *Project 2000* was intended, in part, to create a new type of practitioner.

Initial research carried out in one of thirteen demonstration sites for *Project 2000* found that students appeared to learn more quickly, nurse with more sensitivity and communicate more effectively than those from traditional pre-registration programmes (Leonard & Jowett 1990). In a subsequent study by Jowett (1995), students identified poor organization and illogical sequencing of the programme to be a major stressor which they perceived to be affecting their ability to perform in the clinical area. Hamill (1995) attempted to identify the nature of stress experienced by *Project 2000* students, believing its origins to

lie in the radical reorganizations and educational changes that former schools of nursing had undergone. Of the two main sources of stress, one was non-integration of student nurses with higher education, the other was non-integration with the ward team.

Because of the underpinning educational philosophy of *Project 2000*, curriculum planners placed greater emphasis on what is termed 'self-directed learning'. Rolfe (1993) suggests that this particular educational strategy will enable students to concentrate on issues deriving from personal experience and will ultimately lead to the development of an expert practitioner. But as Parker & Carlisle (1996) observe, the benefits of self-directed study within nurse education are not universally recognized, and the reality of self-directed learning has meant that students must cope with the ambiguities of an open-ended, non-directive programme as well as the difficulties inherent in the process of clarifying one's own learning needs. Also seen as problematic by students is the failure to link *Project 2000* subject matter as delivered in the classroom with placement experiences (Jowett 1995), particularly during the Common Foundation Programme. Elkan & Robinson (1993) found that many *Project 2000* students reported feeling disadvantaged in that too little emphasis is placed on the acquisition of practical skills. Indeed the data analysis revealed this was an issue for the women in the study.

Lindop (1991) argues that the increased stress students feel in the clinical environment rather than in the classroom is exacerbated by the difference between what is taught and what is learned. There is also a fear of offending implicit ward rules, and despite the fact that the *Project 2000* programme has been running for over *eight* years, students are still seen as different and less able than their traditional predecessors. Is a law of inverse correlation at work here: the more one learns the less one can do? According to Pleasance & Sweeney (1994), nurse students tend toward 'surface processing' as opposed to deep approaches in their learning styles. This, they argue, could be the result either of the burden of over assessment or, more worrying, that students are responding to the depth of processing by the teacher. Also there is what Greenwood (1993) has identified as 'espoused' theories (that is those taught in the classroom) and 'hoofed' theories which are picked up or learned from nurse practitioners (on 'the hoof' as it were). In an attempt to 'fit in', these 'hoofed' theories are valued over taught ones (Melia 1987). But there are two salient points here. Firstly, 'hoofed' theories, argues Greenwood (1993), are a type of fuzzy representation which are interpretations of everyday concepts heavily dependent on context. Secondly, espoused theories are clear cut concepts and tend to be used in classroom settings, that is in assessed

work and not in clinical practice. I have redefined these 'espoused' and 'hoofed' theories as the semantic/pragmatic dichotomy and discuss them in more depth in chapter twelve.

Without doubt, nursing is a site of disunity. I believe this to result from the dilemma which is presented by what it is that nurses *do*; caring. The notion of caring is at one and the same time the very essence and the bane of nursing. Quite how much this duality impacted on subsequent research findings was not fully evident at the start of my study. Therefore I will introduce the caring paradox and the role it plays in nursing's often troubled relationship with feminism.

3. The caring paradox: the educational predicament in nursing

Ehrenreich & English (1978) laid the foundation for the feminist critique of the sexual politics of health care after carefully examining the nature of advice given to women by experts. Ashley's (1980) definitive account of the politics of care describes the gender division in health care as 'structured misogyny' which keeps women (and nurses) in subjugated domestic roles, living out the cult of true womanhood. Blaming the 'sexist' profession of medicine, she examined its rise to dominance at the expense of women. As Ashley observed, nurses have mistakenly pursued the myth of professionalization in the hope that it would provide prestige, recognition and acceptance traditionally accorded to male professional groups. But as Virginia Woolf noted some sixty years ago, professions made the men who practised them "possessive, jealous of any infringement of their rights and highly combative if anyone dare dispute them" (Ashley 1980: p6). Condon (1992) noted that because nursing is practised primarily by women, it is in the interests of nurses to explore modes of being ethical and political that reflect the lived experiences of women. Nevertheless professionalization has become nursing's 'Holy Grail' and is shamelessly pursued. The following section of the review seeks to discuss the tension between women's work and the women's movement.

3.1 Feminism and nursing

Gordon (1991) warns that women and their vision of a more humane world are at risk. Giving the example of female doctors, she argues that an observer would assume they

are bound instinctively to female nurses and yet nurses remain as invisible as ever while female physicians are acculturated into the male dominated profession of medicine. The gender division continues to exist. Reverby (1987) and Bunting & Campbell (1990) both offer historical perspectives. Through what Reverby calls the 'caring dilemma', nursing is organized with the expectation that its practitioners would accept a duty to care rather than demand a right to determine how they would satisfy that duty. Nurses, she argues, are expected to act out of an obligation to care, taking on caring more as identity than as work and expressing altruism without thought of autonomy either at the bedside or in the profession.

In addressing the conflicts and contradictions in the relationship of feminism and nursing, Bunting & Campbell (1990) point out that altruism, while a social strength, can be an individual weakness. Here, then, lies the tension for nursing: care is at the root of women's history, shaping even the destiny of those women who do not wish to be burdened with it (Colliere 1986). With the development of an ideology of care based upon dedication to the poor and salvation of the soul, the way was paved to increase the value of 'cure' in the nineteenth century while 'care' was relegated to menial work. Within the language of science, and by extension medicine, binary opposites thrive: expert/laity, superior/subordinate, cure/care, male/female. It is these and other binaries, which are the focus of deconstructive readings by postmodernist feminists.

Nursing is surely the most gendered of occupations. Indeed, as Muff (1988) observes, the issues that concern nursing - lack of autonomy, role confusion, disunity and stress - are related to the fact that nursing is traditionally a 'woman's job' in a traditionally 'man's world'. Despite the progress of the women's movement, change is slow. Conversely, more has changed for women working in male-dominated professions. Has nursing been let down by feminism? Keen (1991) sees the very thing that oppresses nurses caring as their salvation, arguing that patriarchy has long devalued and diminished caring to the same level as domestic service. Keen asks nurses to focus on themselves and care for each other. By nurses voicing their dissatisfaction with concepts of power founded on control and violent principles, they can exhibit pacifist power harvesting it for the purposes of caring. According to Roy (1987), the most vexing questions are how to imbue each other with the desire for a community based on trust and how to facilitate the process.

In advocating revolutionary change, Sohier (1992) calls for the valuing of women's and nursing's 'ways of knowing'. Nursing knowledge has, she acknowledges, a feminine strength in that it is pragmatic and interpretive. Wheeler & Chinn (1989) propose a feminist process of empowerment which nurse educators should adopt in order that the oppressive veil is lifted. Distrust abounds in nursing, they say, but bonding, joint action and acknowledgement of each others' worth and expertise are behaviours with which nursing is less familiar. It is up to teachers to instil these qualities in their students.

A study by Miller (1991) had as its central thesis feminist ideology should be fundamental to the discipline of nursing. The investigation included a conceptual, textual and ethnographic analysis of historical and contemporary feminists and feminism in nursing. This provided a database for Miller's study which was then analyzed in two separate stages: 1) evolution of feminist theory and; 2) contemporary feminist ideology. The conceptual themes identified the key concepts of oppression, namely invisibility, marginality and the paradoxes of feminism and nursing. These findings echoed Vance *et al's* (1985) paper depicting the 'uneasy' alliance between nursing and the feminist movement. Describing nursing as one of the ultimate female ghettos from which women should be encouraged to escape, they call for the profession to recognise its own power potential. Janeway (1980) suggests that the infighting, so long symptomatic of nursing's powerlessness, should give way to a more dynamic view of power. She suggests that because nurses are uncomfortable with other women they will remain isolated and marginalized within feminism's mainstream.

Why, then, have nurses consistently failed to align themselves with the women's movement? The fact that it is overwhelmingly a female occupation should serve to bind nursing and feminism inextricably together. Feminists point to the dominant physician/subservient nurse stereotype which they see as reinforcing the handmaiden role of women. Chinn & Wheeler (1985) describe the relationship between feminism and nursing as 'obscure' and note that the profession has been conspicuously absent from the women's movement of the 1960s and 1970s and that there has been little incorporation of feminist thinking into nursing literature, theory or research. Indeed, it is within the discipline of what is known in the profession as 'nursing research' that this schism is best identified. 'Nursing research' is almost a different pursuit to 'other' research. An analysis of the preferred methodologies highlights the nursing profession's dependence on and emulation of all things medical. A positivist paradigm is very much *de rigueur* in developing nursing theory and it is

the development of a unified theory (very much a masculinist/scientific ideal) which has served to alienate not only nursing from feminism, but nurse academics from nurse practitioners.

It is upon the concept of 'care' that many commentators lay the blame (Colliere 1986; Reverby 1987; Gordon 1991). Indeed much of the literature is in danger of universalizing caring as an element in female identity separate from the cultural and structural circumstances that create it. Graham (1984: p172) has argued that caring is not merely an identity, it is also work. As she notes, "caring touches simultaneously on who you are and what you do." Because of this duality, caring has proved difficult to define and even harder to control. Graham focused primarily on women's unpaid labour in the home and, as Reverby (1987) notes, caring is not just a subjective and material experience, it is a historically created one. Particular circumstances, ideologies and power relations thus create the conditions under which caring can occur, the forms it will take and the consequences for those who do it. It is here that much of the tension lies for the women in my study. Their backgrounds had prepared them for little else other than caring in the private sphere of their lives. It is this 'cultural baggage' that they carry with them in their quest for 'becoming' a nurse.

In the hierarchy of a modern health care system, nurses plays a triple role (Morrow 1988): firstly in relation to the patient, secondly in relation to the physician, and thirdly in relation to auxiliary personnel. The origin of this triple role can also be traced back to the Nightingale reforms. The nurse was, and still is, expected to bring to the patient the selfless devotion of a mother, to the physician the wifely virtue of obedience and to the auxiliary personnel the firm but kindly discipline of a housekeeper. Morrow's model is in keeping with Lovell's (1980) family metaphor of mum (nurse) and dad (doctor) only staying together for the sake of the kids (patients)! It is this patriarchal vision of nurses as idealized women that is so problematic to feminists. What Reverby (1987) calls the 'caring dilemma' and Gordon (1991) the 'caring paradox' have served to exemplify the uneasy fit nursing has with mainstream feminism. The second wave of feminism which arose out of the 1970s denigrated the stereotypical nurse through disparagement of the feminine attributes and characteristics associated with nursing. It was, in effect, an attack on womanhood itself and a formidable barrier was erected between the profession and the women's movement.

Gilligan (1982) claims that women tend to define themselves in terms of the context of their other relationships. They are drawn to the role of caretaker and nurturer, often putting their own needs at the bottom of the list preceded by others: partners, children and parents. This leads to a moral imperative to care, to be responsible for discerning and alleviating the real and recognizable trouble of this world. Noddings (1984) argues that human caring and the memory of caring and being cared for form the foundation of ethical response itself. Caring here is a reciprocal process between the one 'caring' and the one 'cared-for'.

> Caring involves stepping out of one's own personal frame of reference into other's. When we care, we consider the other's point of view, his objective needs, and what he expects of us. Our attention, our mental engrossment is on the cared for, not on ourselves. Our reasons for acting then, have to do both with the other's wants and desires and with the objective elements of his problematic situation (Noddings 1984: p24).

This situation in which women (and nurses) find themselves is discussed in more depth in chapter eleven, with particular reference to how 'the other' in their caring relationships shifts from the private to the public space.

As liberal feminists, Gilligan and Noddings have acknowledged caring as the highest level of moral development. Some feminists, however, fear that any widespread attempt to revalue women's (and nurses) caring work will be manipulated by conservative forces. As Gordon (1991) observes, the past decade has seen the marketplace invade traditionally caring sectors of our society, whether nursing, education or social work. While bottom-line concerns of profit and performance have been injected into all the caring professions, public policies have increasingly limited the caring actors, regulating ever more tightly the provision of care. This deliberate starving of the caring professions has exacerbated their traditional low pay, poor working conditions and limited opportunities for advancement.

Nurses, then, are faced with a choice between feminist ideology and the much valued professionalization in the form of recognition of training and nursing control. It seems that, given a difficult choice, they have made the pragmatic decision to align themselves with the patriarchy of medicine to achieve their goals. The result, according to Shea (1990), is the feminist claim that women who resist the aims of the movement deny the evidence of their

oppression and have a false consciousness. The irony of this situation is that Florence Nightingale, having suffered the constraints of Victorian women's life, established modern nursing with the goal of giving women a respectable way to contribute to society. She lamented "Why have women passion, intellect and moral activity - these three - and a place in society where none of these three can be exercised?" (Campbell & Bunting 1991) and yet she declined to actively champion feminism.

Campbell & Bunting (1991) describe Nightingale, with her upper-class background and strong religious convictions, as being like many strong, educated women who often display a lack of empathy with those who experience patriarchy in the most devastating way. Nightingale's inherited advantages (relative wealth, class privilege, intelligence), similar to the later vanguard of white, middle-class feminists, interfered with her perception of the need to tear down oppressive barriers for all women. She felt that providing opportunity (a dignified profession and better health) should be enough. Radical feminism has made many innovations in health-care including self-help women's groups and feminist health centres. It is therefore a further irony that nurses tend not to be involved within the radical health movement, or any other new social movement for that matter. Education is being seen as the vehicle by which the profession can politicize itself and the move into higher education has served to facilitate this transformation.

3.2 Raising critical consciousness

Chally (1992) uses a military metaphor to describe nursing and argues that it is such a forceful metaphor that to develop a humanistic nurse education system is difficult. Conformity to established standards of dress remains highly valued in the profession, as do the insignia and badges that denote rank and position. Empowerment through teaching is built on the feminist belief that successful and effective teaching is a co-intentional process emerging from meaningful connections between students and teachers. Wheeler & Chinn (1989) described the power of nurturing that respects individual circumstances and life experiences. Each participant is believed to be integral to the group. Campbell & Bunting (1991) identify the tools which teachers must possess or acquire for empowerment: positive self-concept, creativity, resources, information and support. Alternatively Clifford (1993) explores the role of nurse teachers supporting students in research studies. If nurses are to be

empowered through research then it is the responsibility of those developing those skills to be able to provide the resources, tools and environment to facilitate the development of research-based practices.

Keddy's (1995) research, however, presents interesting findings (particularly for me). The participants were mature nursing students, all of whom kept journals. The classes they attended were taught from a critical feminist perspective; that is, gender, race, sexual orientation and class issues were addressed as the science of ideas was explored. Keddy's findings were that, initially, most students resisted the ideas of feminist theory, research and praxis. As the classes progressed however, many students expressed feelings of anger about the oppression they had experienced in the past, but had not understood. Finally, towards the end of term, many students expressed hope that they would be able to bring about some social change within the profession as a result of the ideas discussed in classes. Several students, however, remained unconvinced that feminism was the way to evoke change.

The interactive role of students and teachers is, according to Lee (1993), quite unlike the old patriarchal model of the teacher who gives information but does not listen to students themselves. While some students do not change, others do, and become 'enlightened', as Lee writes,

> The more effective we can be in facilitating this, the more likely we are to avoid helplessness and despair and instead catalyze productive anger that can empower and change the conditions of our lives (Lee 1993: p17).

Clare (1993a) tells us that nursing's contribution to society is limited by nurses' own views of their relative worth and by preconceptions of those with greater access to policy making. Over the past few years those responsible for nursing education have tried to move away from the constraints and contradictions of traditional, medical-dominated behavioural models of teaching and practice. As Greenwood (1993) points out, curricula have been designed and teachers have worked hard to ensure that students are 'empowered' to see that the purpose of practice is to enhance wellness and to ensure holistic care. However, Higgins (1989) argues that the conventional view that the clinical area is the setting in which concepts, principles and skills taught in the classroom ought to be applied and practised is problematic. The practice environment, unfortunately, does not always easily accommodate

the classroom ideals of egalitarian health care, and contradictory conditions of practice are produced.

Students face complex issues in the clinical setting for which their classroom experience does not always prepare them. Students often describe practices and procedures that they are obliged to carry out but which conflict with their education-based beliefs and values. Clare (1991) offers an example where, in a group interview, students discussed the dilemmas they faced in one psychiatric area where the 'staff just sat around', where the patients 'just sat', and where students were obliged to 'fit in' with this custodial, rather than nursing, care.

This situation is a direct reflection of what Kramer (1974) has described as 'reality shock', the term used to describe the phenomenon and the specific shock-like reactions of new nurse workers when they find themselves in practice situations for which they have spent several years preparing, and for which they *thought* they were prepared, only to find they have not been. Kramer argued that this predicament was as a result of visionary teachers preparing nursing undergraduates with visions of how things can, and should, be and with the prerequisite skills to function autonomously and collaboratively with others in the health care system. Thus, the neophyte nurse comes to possess skills and knowledge that in the 'here and now' appear to be unmarketable. The only way to minimize this shock, according to Kramer, is to prepare nursing students with what she describes as the *Anticipatory Socialization Programme*. The aim of this programme was to aquaint (or shock) nursing students with the realities of health care as they existed at the time.

This now, rather unfortunately, poses a problem for the professional education of nurses. It would appear that over the past *twenty* years, educators have been involved with revolutionary teaching practices and the situation has not changed. Is the answer, as Kramer (1974) advocates, to teach for the 'here and now', and where does that leave the profession? When this reality is analysed from an oppression standpoint, it would appear that Kramer is advocating assimilation. Roberts (1983) criticizes later work by Kramer & Schmalenberg (1978) as encouraging nurses to 'marginalize' when the authors exhort the values of 'biculturism', that is being aware of the culture of nursing, but being able to function in the culture of medicine.

Teaching is a political activity embedded in which are hidden messages about what is valued, what learning is about, and who is in control (Bevis & Murray 1990). Blaming the clinical areas for the failure of its education system has become commonplace in nursing for many years. In calling for emancipatory teaching Bevis & Murray are in fact advocating a feminist pedagogy. The traditional curriculum model which views behaviour change as an outcome of learning is in urgent need of a 'makeover', an emancipatory model views learning in a much broader sense. Learning is not merely acquiring knowledge, but seeing the significance of life as whole, discovering lasting values and relating learning to personal experience, and being aware of social injustices (Bevis & Watson 1989).

Chally (1992) has argued that nurse teachers have failed to instil vision, meaning and trust in their students, as learning that occurs must be measurable and is outcome-based. Through an obsession with the know-that form of learning, students are being prevented from learning how to challenge and critique. Emancipation requires teaching practices that are liberating, but it also requires commitment from the learner. As Bevis & Murray (1990) have stated, while lecturing does not teach how to critique, or how to come to our own meanings, it does provide information that can be used to raise consciousness, to alter perceptions and to shape criticism.

Wheeler & Chinn (1989) have described the power of nurturing that respects individual circumstances and life experiences but as Stevens (1989) argues, most germane to education is the power that results from knowledge. She offers five tools of empowerment to actualise a shared vision. They are: 'positive self-concept', teachers who feel positive about themselves are better equipped to meet the needs of others; 'creativity', ideas are generated, new ways of doing things are developed and alternatives imagined; 'resources', as well as funds, space and materials, teachers are also a vital resource and it is our responsibility to keep updated within our field of expertise; 'information', being 'in the know' regarding data and technical knowledge, but also being aware that political intelligence is another information tool of empowerment; 'support', which can be given in a number of ways from written feedback to a smile.

An atmosphere of mutual respect and trust, shared leadership, co-operative structures, integration of cognitive and affective learning and action as being fundamental to educating nurses (or women) has been suggested by Hezekiah (1993). Teachers must expose the reality

of structures that oppress students and give them the tools of knowledge whereby they can critically reflect on their condition, in a climate of mutual trust, collaboration and respect. Thompson (1987) tells us that critical scholarship in nurse teaching is a sign that we are responding sensitively and intelligently to nurses' own historical experiences. But is a history of oppression, both as women and nurses, relevant to their clients? Kendall (1992) calls for nurses to recognise the reality that health, education and social problems are inextricably linked. For too long nursing has been involved with helping clients adapt to their oppression and a model of emancipatory nursing action has been called for. Emancipatory nursing actions include taking gender, race and class considerations seriously, conceiving all social structures as containing an interplay of contradictory forces and attempting to understand the factors that make people define social reality in the way they do (Kendall 1992).

Paradoxically, many commentators lay the blame for the oppression of nurses at the door of the professional education system itself (Pitts 1985; Holloway & Penson 1987; Hedin 1986). Thompson (1987) explores the development of critical scholarship in nursing and argues that an emerging pattern of scholarship that focuses on the domination in nursing is emerging. Calling for a feminist pedagogy in nurse education programmes, Thompson castigates current liberal education models as legitimizing class and gender divisions in the social world. Holloway and Penson (1987) describe the professional education of nurses in Britain as being little more than an exercise in social control. They consider the educational process as much more than simple socialization into an occupational group. What is taught and what is learned is often at odds and this 'hidden curriculum' is the means by which social control is exerted. Students 'learn' to be obedient, but are 'taught' to be autonomous and accountable practitioners.

Hedin (1987) like Thompson (1987) also calls for the development of a critical consciousness within nurse education. She describes the characteristics of a 'freeing education' and calls for a supporting environment in order to minimize the effects of oppression and domination. However, a word of caution is offered by Clare (1993b) who explores the notion that contemporary teaching practices reinforce and maintain the legitimacy of traditional relations of power between teacher and student. Her contention is that nurse teachers and clinicians have socially constructed and legitimated power over students which acts to constrain the development of a critical consciousness. In what she describes as the rhetoric of critical social science, emancipation and empowerment of

teachers and students would follow their enlightenment as to the nature of the contradictions between education and practice. This, she argues, discounts the ways in which hegemonic ideology shapes the consciousness of nurses to accept dominant views of what constitutes professional practice.

It is the naming of these dominant views and the practices that they engender which have become central to my thesis. For it is only following this that the pluralism of the experiences of the women and the multiple subject positions they present can be understood. For nearly 150 years nursing has existed in an educational and professional vacuum. Change has only ever been possible through legislation: it does not necessarily always work to nursing's advantage, having been often brought about to satisfy other political demands. Consequently the 'profession' of nursing is without a 'voice' outside of its own immediate sphere of practice. This has resulted in an astonishing barrage of procedural rules, policies and practices developing at 'micro' levels within both practice and education. These 'micro-practices' I argue, have been as equally responsible as macro politics for the domination of nurses. The autobiographies of the six women in my study have provided the evidence of this domination, as well as of their resistance.

The emerging picture thus far is a complex one. It is one that can be broadly categorized into two areas, however. The gendered categories of work and education stand out in relief against the myriad of competing discourses within which the professional education of nurses finds itself. It is these very categories which the data in my study refer to constantly. The ideology of femininity which rationalizes many women's role prescriptions was particularly evident within the autobiographies of all the women in my study. As if they were born to 'care', they entered nursing as it apparently offered 'professional' status, albeit at a domestic level. This then, may explain the odds with which they were often at with the educational processes. Theoretical aspects of nursing curricula are unlikely to celebrate the feminine attributes with which nursing is aligned, and so concentrate on a variety of subject matters. This however, serves to reinforce the so-called 'theory-practice' dichotomy, as nursing as it is practised *is* about delivering care.

CHAPTER TWO

METHODS AND SOURCES OF DATA

As the six women entered their respective branch programmes in March 1996, it coincided with my own transfer of registration from M.Phil level to Ph.D. level. It also marked the change in methodological stance from the critical to the postmodern. The women's personal narratives were to be the sole focus of the second stage of my research. The data gathered through in-depth interviews with the women were still invaluable, allowing insight into the women's private and professional tensions. This was also the case with the data that arose from the interviews with the nurse teachers. Initially it had been my intention to compare (if that were possible) the 'teaching' activities of tutors, to the 'learning' activities of the women. However, these data were to prove instrumental in providing awareness as to the complex relationship between the private and public spheres which reside within nursing.

This chapter will set out the research process and subsequent methodological development before moving on to an in-depth discussion of the theoretical underpinnings of my study. The sources of data and the tensions which I encountered in the course of the data collection and analysis will be discussed. As previously stated, because of the nature of my own 'world-view', that is that women are oppressed and subsequently emancipated through education, I adopted a critical/feminist paradigm. I was to revise my way of seeing the problem and the result was a shift in research methodology to one which was borrowed from postmodernism. Therefore this chapter will also provide an account of this shift as well as a discussion on how I managed the overall rigour of the process. The switch also impinged upon my original position as a 'feminist' researcher. Therefore, I also introduce the tensions that exist between postmodernism and feminism before arriving at a 'new' feminism. The chapter ends with a discussion on the nature of research data as 'text', and the implications of reading and understanding data in this way. Language and the problem of meaning are also explored from a poststructuralist standpoint, and the four categories of the postmodern critique are introduced.

1. Initial theoretical framework

I would describe myself as a feminist and, initially, I was very much influenced by critical theory, which seemed to offer an 'explanation' of the education 'problem'. Consequently much of the literature which formed my background reading was derived from this standpoint. My rationalization was that since nursing is considered an oppressed occupation (Bent 1993; Hedin 1986; Roberts 1983), feminist and critical theory could offer a lens through which to view change, both in the profession in general and for the women in my study in particular. The struggle for autonomy, accountability and control over their lives and profession was to be the focus of the investigation.

Thus, feminist and critical theory as an analytic style constituted a philosophical approach to understanding the lived experience of the women in my study. The historical emphasis of these theories has been on ideology produced and maintained by social elites and state apparatuses which tend to be false and which conceal the truth. Here criticism takes on a positive role to discover and unmask oppressive beliefs for the emancipation of people in society. Basic assumptions of this type of analysis are that people typically are dominated by social conditions that they can neither understand nor control; that human existence does not need to be this way; and that enlightenment about the ideologies that oppress and constrain people can free and empower them. I believed that the new curriculum might well provide a vehicle for emancipation for the women in my study.

Cook & Fonow (1990) have identified five basic feminist epistemological principles from the literature. They are: (1) the necessity of continuously and reflexively attending to the significance of gender and gender asymmetry as a basic feature of all social life, including the conduct of research; (2) the centrality of consciousness-raising as a specific methodological tool and as a general orientation or 'way of seeing'; (3) the need to challenge the norm of objectivity that assumes that the subject and the object of research can be separated from one another and that personal and/or grounded experiences are unscientific; (4) concern for the ethical implications of feminist research and recognition of the exploitation of women as objects of knowledge; and (5) emphasis on the empowerment of women and transformation of patriarchal social institutions through research.

Stanley & Wise (1990) advocate consciousness-raising as a specific methodological tool. Cook & Fonow (1990) state that one of the ways to do this is to examine specific situations that typically produce changes in consciousness. The examples they cite are divorce, infertility, rape and widowhood. The reason for studying crisis situations is that it

> increases the likelihood that the researcher and subject will relate during a more self-conscious 'click' moment... The rupture with normalcy serves to demystify the 'naturalness' of patriarchal relations and enables the subject to view reality in a different way (p75).

While attending the RN/DipHE programme cannot be conceived as a 'crisis,' the educational process, if it leads to what Paolo Freire has described as *conscientization* (which examination of those units deemed critical suggest), then it is inevitable that the subject's view of reality changes, as she becomes aware of oppressive elements. Also fundamental to the feminist researcher is the inevitable intertwining of facts and values; there must be a recognition that the study of social phenomena is value-laden.

What such an assertion meant within the framework of my own research was that since all research is 'value-laden' and therefore inevitably political then the aim of my study was to 'bring a voice' to what I believed had been an excluded and marginalized group. Through this participatory and critical approach the women would come to understand their world (as I would) and so change it. This resulting emancipation was, I believed, the cause of the conflict many mature women experienced.

The critical theory which I adopted as the initial approach arose out of the Frankfurt School of the 1960s, the most notable exponent of which was Jürgen Habermas. Habermas (1979) emphasizes communication and the collective co-ordination of social action. The task of Habermas' critical theory is to understand how people communicate and develop symbolic meanings, and by means of this process to uncover the distortions and constraints that impede free, equal and uncoerced participation in society. The ultimate goal of critical theory is to facilitate liberation from constraining social, political and economic circumstances. Habermas therefore proposes scientific enquiry into people's lived experience, with a critical eye toward exposing patterns of both recognised and undisclosed dogmatic domination of individuals and groups.

The aim of research within the critical paradigm is the development of approaches that have the potential to expose hidden power imbalances and to empower those involved to understand, as well as to transform, the world. In this context, the term 'empowerment' is similar to the concept conscientization described by Paolo Freire (1972). According to Freire, empowerment involves a process of being submerged in reality, critically reflecting on that reality and moving to a state of active intervention, individually or collectively, to change the conditions of that reality. Implicit in this concept is the idea that as people learn to perceive social and political contradictions, they become able to take action against oppressive structures in their lives. As Freire observed, the essential task for critically oriented researchers is to encourage people to reflexively examine the everyday realities of their lives. Empowerment is, in essence, a process by which people come into their own sense of power, a self-emancipation.

Guba & Lincoln (1994) maintained that critical approaches assume that truth exists as a taken-for-granted reality that has been shaped by social, political, cultural, gender and economic factors in an ontological stance of historical realism, wherein these structures are the source of oppression of the participants. However, it can be argued that since the participant and researcher are linked in the simultaneous processes of discovery and action (praxis), reality is also constructed and evolving. The values and beliefs of the researcher as well as the participant influence both the process and outcome of the inquiry. According to Freire (1972), praxis reflects one's consciousness within the world, which leads to understanding and change beyond the self.

By using this critical framework my intention was to examine the enlightenment the women experienced through the programme of learning, how it empowered them by raising their consciousness to their own oppression and their subsequent emancipation. As a woman researching women's experiences of oppression, a feminist method was adopted.

2. Feminist research

Harding (1987) argues that it is not a feminist method *per se* which is responsible for producing the best in feminist research and scholarship; rather it is particular features that characterize feminist research. She defined methodology as "a theory and analysis of how

research does or should proceed" and method as a "technique for (or way of proceeding in) gathering evidence" (p2-3). First, while studying women is not new, studying them from the perspective of their own experiences is; so allowing women to understand themselves and the world where previously they have had no history at all. Secondly, the best feminist analysis goes beyond subject matter in a crucial way insofar as it insists that the researcher be placed upon the same critical plane as the overt subject matter, thereby allowing for scrutiny of the entire research process. As Harding asserts, this requirement is no idle attempt to 'do good' by the standards of imagined critics, instead it is a response to the recognition that the cultural beliefs and behaviours of feminist researchers shape the results of their analyses no less than those of more androcentric and sexist researchers. Finally, by introducing this 'subjective' element into the analysis, the objectivity of the research increases and 'objectivism' (which hides this kind of evidence) decreases.

Consciousness-raising is exactly what makes for a unique feminist method, because it embodies principles such as enabling women to discuss and understand their experience from their own viewpoints. The concept of consciousness-raising is incorporated into feminist methodology in a number of ways. As Mies (1983) argues, if women's lives are to be made visible feminists must deliberately and courageously integrate their repressed, unconscious female subjectivity, that is, their own experience of oppression and discrimination, into the research process.

Reinharz (1992) did not locate consciousness raising within her discussion of feminist participatory research. She labelled consciousness raising an 'original feminist' method but stated that it is not usually defined as a research method, but rather as a method of feminist political action. However, she noted that the goal of participatory research is to "create individual and social change by altering the role relations of people involved in the project" (p181) and pointed out the importance of recognizing the changes that occur in the researcher as well as those being researched. Henderson (1995) suggests that the feminist political method of consciousness raising is the method of inquiry of participatory research in which social and individual change occurs. As such, consciousness raising does not replace other methods that are the actual tools of data collection. It precedes those methods, providing the format in which the research takes place. Consciousness raising has its roots in feminist and critical political movements. It involves the recognition of social, political, economic and personal constraints on freedom and it provides the forum in which to take

action to challenge those constraints. By engaging in critical and liberating dialogues, individuals uncover the hidden distortions within themselves that help to maintain an oppressive society.

Researchers have begun to describe negotiation, reciprocity, empowerment and dialogue within the research process. Meleis (1990) considers consciousness raising as a methodologic tool in feminist research. Stevens (1989) pointed out that 'reciprocal interaction' is basic to critical research and argued that dialogue between the researcher and the researched must replace the controlled observation of traditional research paradigms. Campbell & Bunting (1991) asserted that in both feminist and critical research, knowledge is created (rather than discovered) via dialogues in which the researcher and researched negotiate and decide together on meaning. They suggested that the research methodology should be non-hierarchical and "expose hidden power imbalances" (p5).

The extent to which feminist researchers should both start from, and stay with, women's experience is then a central debate within feminist social science. Stanley & Wise (1993) are very committed to the centrality of women's experience and see attempts to construct 'grand theories' as contradicting this. Whilst neither are postmodernists nor poststructuralists, they do see the language of theory as androcentric and imposing meanings on women's experiences that are not those of women themselves. Instead they wish to:

> construct our own social science, a social science that starts from women's experience of women's reality (Stanley & Wise 1993: p165)

They see women as inhabiting at times a different social reality and suggest that "women's experiences constitute...an entirely different 'ontology' or way of going about making sense of the world" (Stanley & Wise 1993: p117). They see the task of the researcher as being to recognize and prioritize women's own theories. This approach derives from their commitment to working with the feminist political statement, that 'the personal is political'; in the sense that "power and its use can be examined within personal life ... and that the political must be examined in this way" (Stanley & Wise 1993: p53). They are deeply suspicious of attempts to go beyond the personal and to construct 'grand theory', which they see as essentially speculative and not knowledge grounded in practical lived experience. 'Grand theories' provide us with abstract, universal explanations, each of which suggests one single 'cause' for the inequality of all women, in all places, at all times. This kind of theory is

a system of ideas attempting to explain a phenomenon and is based on general principles arrived at independently of any detailed examination of the facts to be explained. These explanations have one thing in common; they are all 'causal' theories in that they attempt to explain *why* women are oppressed. Socialization theory is but one example. These explanations also differ, however, in as much as they identify different causes for women's oppression: an interesting contradiction, as many of the explanations were *mono-causal*. Also, the basis for this oppression is seen to lie in different social systems. Some see this as capitalism, some as patriarchy and others as the breakdown of liberal democracy. Nearly twenty years ago Roberts (1981) commented that the questions and assertions of such explanations assume a model of linear causation. She asked, what if the world were really a field of interconnecting events, arranged in patterns of multiple meaning? In acknowledging the foresight of Roberts, an interesting tension arises. Is it possible to apply the metanarrative of emancipation to the plurality of women's experiences?

3. The sources of data

Based on my initial philosophical stance, the research data were derived from three sources. The main source was the women who were the focus of the actual study; as already discussed criteria for inclusion were that the participants be female and aged 26 years or over. My choice of this age was not quite as arbitrary as first appears. The bursary paid to students on nursing programmes by the Department of Health increases at the age of twenty-six years. Implicit within this is the rationale that these students have greater role responsibility. Since I held the belief that the 'reason' for conflict in some women's lives was related to the emancipatory nature of the educational programme, I sought further corroboration. This lay in two closely related areas: the curriculum and its means of delivery, the teacher.

Another reason for my using these alternative sources of data was to ensure a degree of rigour within my findings by adopting a form of 'triangulation'. Being a neophyte researcher I was anxious to stick to the 'methods rule book' and I was convinced I would find confirmation of the emancipatory effect of nurse education within these two data sources. Also, it has been argued that the researcher becomes so immersed in the context and subjective states of the sample that with the aid of triangulation the researcher is able to give assurance that the data are representative of the phenomena being studied (Avis 1995).

Finally (and importantly I thought) it allowed for data to be collected from one source (the curriculum) and then checked out to the degree that it did what it claimed (through the teaching). Sadly, despite my very best intentions, the data did not corroborate anything, but the subsequent change in methodology did not render these alternative sources redundant. Rather, they proved useful in situating the women within the competing discourses of education and professionalism.

As part of my background reading and literature search the newly developed unitized RN/DipHE programme was scrutinized so that those units which may have an emancipatory content be identified. The teachers were also informally approached prior to the commencement of the programme. A criterion for their inclusion was that they were involved in the delivery of those units I had considered 'critical'.

3.1. The curriculum

The introduction of *Project 2000* made no less than twenty-five recommendations for the reform of the professional education of nurses. It has been described as a strategy for the professionalization of nursing (Draper 1990). The concept of the 'knowledgeable doer' informed curriculum development with the key recommendation that the Common Foundation Programme should be soundly grounded in social and behavioural sciences emphasizing health and not illness. As I have stated, I believed that this major shift in focus had potentially emancipatory possibilities, possibly affecting the personal and professional lives of women students. The commencement of my research study also coincided with the development of a unitized programme within the university. This was a valuable tool in identifying those areas of learning in the curriculum that could be construed as 'critical' and 'emancipatory'.

Habermas, like Marx before him, saw false consciousness in a capitalist society as the inability to recognize, or experience, social relations as historical accomplishments that can be transformed. This 'domination' is a combination of both external exploitation and internalized self-disciplining that allows external exploitation to go unchecked. This internalization of certain values and norms induces people (and women in particular) to participate in the division of productive and reproductive labour. According to Habermas

(1987) the activities and practices which make up the sphere of paid work are, in his view, 'social labour' and serve the function of material reproduction. On the other hand, childrearing practices and other activities performed without pay count as symbolic reproduction activities as, in Habermas's view, they serve a socialization function. Habermas located points of resistance against systemic domination, and in my analysis of the curriculum I focused on those unit descriptors that in direct and indirect ways raised these activities and functions. These units, I believed, offered the 'point of resistance' against the general logic of domination of productive over reproductive labour.

This process was the first in a series of laborious exercises necessary to establish rigour in terms of my research. It basically involved scrutinizing all unit descriptors within the Common Foundation Programme (of which there were eighteen), and identifying the relevant language of emancipation. This was performed using a decidedly 'low-tech' method, a fluorescent marker. The curriculum document did not *directly* raise symbolic and material function, rather it was my interpretation of what constituted these functions. In all I identified six units where I believed the learning outcomes had emancipatory possibilities. They were:

- Foundations of nursing (unit code CFP 2)
- Health policy and community studies (unit code CFP 7)
- Health and the role of the nurse (unit code CFP 8)
- Methods of enquiry and information management (unit code CFP 11)
- Health care systems (unit code CFP 12)
- The development of effective communication strategies (unit code CFP 16)

(see appendix 2)

The learning outcomes for these units were written in such way as to raise awareness of the professional function of nursing which I believed would provide a point of resistance to the socialized function of women. They also had the potential to challenge the women's understanding of their role through the examination of symbolic reproduction activities. Within the scope of these units, the women were to be introduced to the factors which influence 'health' and the relevant legislation. There would be a particular focus on the relationship between lifestyle and health, which would promote a degree of self-reflection and also strategies to promote critical appraisal of socially constructed forms of knowledge. Examples of the learning outcomes which I considered having emancipatory possibilities were that students would on completion of the particular unit:

i) Outline the principles on which moral issues are based (unit code CFP2)

ii) Explain the scope and aims of welfare provision in the U.K. (unit code CFP 7)

iii) Define health, explore concepts and identify factors which may influence health (unit code CFP8)

iv) Use criteria of critical thinking to distinguish between vagueness and ambiguity (unit code CFP11)

v) Identify relations between different components of arguments (unit code CFP11)

vi) Discuss the role of nursing within various health care systems (unit code CFP12)

Also, within the sphere of communication studies the women were expected to keep a reflective journal through which various critical incidents could be analyzed. Other emancipatory possibilities arose through the actual teaching and learning strategies themselves which aimed to encourage debating and presentation skills.

Of course a curriculum is merely a textual medium, and as such remains an inert entity gathering dust on a shelf. It is through its transmission that it becomes 'real' and meaningful. The mode of transmission is in its teaching. So another source of data became the unit teachers. I was keen to establish *how* they delivered the emancipatory potential of the curriculum.

3.2. The teachers

Paulo Freire (1972) has described education as suffering from 'narration sickness', the teacher talks about reality as if it were motionless, static, compartmentalized and predictable, or alternatively he expounds on a topic completely alien to the existential experience of the students. Thus, narration turns students into 'containers' to be filled by the teacher. The more completely the receptacle is filled, the better the teacher. The more meekly the receptacles permit themselves to be filled, the better the students. Nurse education, argue Holloway & Penson (1987) has followed this model for years; little more than an exercise in social control, it has been the vehicle by which the status quo has been maintained. The 'banking system' as Freire calls it positively holds students back, as the more they work at storing the deposits entrusted to them, the less they develop the critical consciousness to transform the world.

The ethos of *Project 2000* was to encourage the development and growth of the 'knowledgeable doer'. Implicit in this is the raising of critical consciousness. The notion of reflective practice, now high on the nursing agenda, is an aspect of emancipatory education, and has a critical component also (Miller 1992). So, in what Freire has described as problem-posing education, students need to develop their power to perceive critically the way they exist in the world, with which, and in which they find themselves; they come to see the world not as a static reality, but rather as a reality in transformation. The role of nurse educators then is to introduce the student to critical reflection. In order to explore *how* this critical consciousness was raised, it was necessary to extrapolate the belief systems and educational philosophies held by the unit teachers. So, I also conducted in-depth interviews where I addressed the following topics with the nurse teachers:

- personal history
- professional career
- views on educational philosophies
- theory versus practice

At the time I was keen to identify exactly *what* these teachers taught and *how* they taught it. In short, was it emancipatory? Whilst the rationale for interviewing the teachers was initially related to the perceived emancipatory potential of the curriculum, the data were nevertheless very useful in the shaping of the future of this research, despite a change of methodology. These preliminary in-depth interviews with a sample of nurse teachers who teach on the identified 'critical' units helped illustrate the nature of the competing discourses shaping the experiences of professional learning and practice development of nursing. The picture which emerged was both inspiring and contradictory. The facilitative role of their practice was deemed as pivotal: all teachers described themselves as role models for the students, even though their scope of practice was limited to clinical liaison visits. They tended to see themselves as embodying the characteristics essential in nursing.

All teachers also had strong feelings about the future of nursing and saw themselves as instrumental in the development of the knowledgeable doer and nursing's expansion beyond the hospital setting. While student-centred education was espoused insofar as all students are adult learners, this approach was conditional upon the students 'acting' like adults. 'Bad' behaviour such as talking, non-participation and non-attendance were not particularly well tolerated by teachers. A range of strategies had been developed to deal with such behaviour

ranging from appealing to the student's sense of decency to refusing to teach 'unruly' groups. Most teachers, whilst advocating class registers and punitive measures for non-attendees, do in principle balk at the notion of them. They are, it seems, a necessary evil. Only two teachers did not routinely keep a register, opting instead for 'one volunteer being worth ten pressed men'. Later in the study, the data from these interviews helped build a picture of the competing discourses shaping the experiences of professional learning and practice development of nursing. A fuller, more in-depth discussion is offered in chapter twelve.

3.3. The women

Of the 110 students who made up the cohort that commenced the nursing programme in September 1994, only 12 were females of 26 years and over, one of whom withdrew after two days. I contacted the remaining 11 by letter at the end of the 'fresher' week and invited them to attend an informal meeting with me. Following this meeting, where the nature of the research study was discussed, questions answered and permissions sought, the women were asked to consider whether or not they wished to participate. A further meeting was arranged which those interested could attend. I was anxious not to exert any pressure; as a teacher, I was acutely aware of my position and of being perceived as a figure of authority. Indeed this was an issue I had agonised over, that all the women who potentially could participate in the study would do so because they felt it was expected. For this reason I did not access them until after the course had started and then met them first as a group to discuss the research study. The 11 women who left that first meeting had a full account of what the research was all about, and a week in which to make what I hoped was an informed decision regarding participation.

Nine of the women agreed to participate in the study. Of the two who were unwilling, one left in the fourth week. At the preliminary meeting I decided on, and agreed with the participants, a series of semi-structured in-depth recorded interviews as the main data collection tool at this stage. A proposed timetable was agreed: individual interviews at the end of each semester and group meetings midway through each semester. At the initial interview I allocated the women the names by which they would be known throughout the study. They became: Alison (32 years), Barbara (43 years), Christine (33 years), Elaine (30 years), Isobel (42 years), Janet (43 years), Karen (27 years), Gail (27 years) and Helen (38

years). Four were intending to specialize in mental health (Elaine, Karen, Janet and Helen), four in adult care (Alison, Barbara, Christine and Gail), and one in child care (Isobel).

Drop-out is a problem among older women students in nursing. Initially there were nine women in my study out of a total of twelve in the cohort. Three women failed to last the course (as well as the three who were not part of the study). Whilst these women have no mention within my thesis, I would like to include them here by detailing their reasons for 'dropping-out'.

Janet resigned after six weeks. She had been advised to do so by her solicitor as she was embroiled in a particularly acrimonious custody battle involving her ex-husband's family. What makes the story remarkable for me is that she initially lost custody of her daughter, now eight years old, because she 'deserted' her. In fact, for many years Janet lived in an extremely violent relationship. Her desertion is based on the fact that she was hospitalized as a result of being stabbed by her husband. After three weeks in hospital she was discharged to a women's refuge, which was deemed an "unsuitable place to bring up a child" and her husband was awarded custody. In the five years that followed, numerous attempts to get her daughter back had failed until her now ex-husband had received a prison sentence after being found guilty of abuse of a step-child from his present marriage. With Janet's daughter now in local authority care, it was once again back to court. True to form, custody was awarded to Janet on the express understanding that she was at home to care for her daughter, so she reluctantly left the course.

Barbara, a single parent of a nine-year old son, resigned in January 1995, three months after the course started. Child care was already proving a problem with only a small amount of time spent on practical placement, also not having a car was problematic. As the college operated a 12-hour day on occasions, this meant that on many days classes did not finish until 8.00pm. Without the necessary support Barbara found it difficult to carry on.

Helen, a married woman with two teenage children, resigned in the middle of February 1995. The reason she gave was that the income from the bursary was inadequate since her husband's salary had been reduced due to job change so she was returning to her job as support worker in the local psychiatric hospital. Another of the women, however, gave a different story, having known Helen both as a colleague, a neighbour and friend for several

years. When I asked why Helen was leaving, she squarely put the blame on Helen's husband. "He's a prat," she said. He apparently refused to do any housework or cooking and objected to the amount of time Helen spent studying. He had no objections, however, to his wife working in the evenings as she does now.

Of the three women who declined to take part in my research study: one left on the second day; another left after three weeks; the remaining woman, who interestingly enough became almost a 'vicarious' participant, went on maternity leave half way through the final year. This woman, although not wishing to take part, was prepared to discuss her experiences with me, even going so far as requesting that I should become her personal tutor as she felt she could 'relate' to me. I sometimes felt she regretted not being one of the study's participants. She never said as much and, of course, I never asked. She returned to another cohort following the birth of her daughter.

4. Reflections on data

Following the introductory meeting where the research was explained and permission sought, the first research group meeting was held initially with little other purpose than to provide a 'getting to know' session. I considered this necessary as the women were initially in four different tutorial groups and it was entirely possible that otherwise they might never meet. Within four weeks of the programme commencing I carried out the first in-depth semi-structured interviews. The prime purpose of these was to explore with the respondents what had brought them to this point in their lives and what their expectations were. These data, I hoped, would also serve as a 'base-line' against which any possible future change could also be measured. I carried out the first in-depth semi-structured interviews using a tape recorder to ensure a full and accurate transcript that could then be analysed. The interview was divided into six areas:

- personal history
- educational history
- reason for choosing nursing
- expectations and aspirations
- perceptions of the programme
- beliefs and attitudes about nursing

From the conversations that took place, I hoped that ideas would emerge that would be better understood under the control of a thematic analysis. Thematic analysis focuses on identifiable themes and patterns of living and/or behaviour. The first step was to collect the data and then, from the transcribed conversations, I intended to identify patterns of experiences common to the women in my study. The next step was to combine and catalogue related patterns into sub-themes. Themes are defined as units derived from patterns such as conversation topics, vocabulary, meanings or feelings, and identified by "bringing together components or fragments of ideas or experiences, which often are meaningless when viewed alone" (Leininger 1985: p. 60). Themes that emerged from the women's transcripts were pieced together to form a comprehensive picture of their collective experience.

Preliminary analysis of the interview transcripts revealed patterns of commonality. Apart from the obvious defining features of age and gender they were: educational background; eight of the women left school with little or no formal qualifications, and have all had to undergo some form of further or higher education in order to access the RN/DipHE programme. Dependants; six women had children, three of these were single parents, and of the remaining three, one was single, one engaged and one newly married. Motivation; all nine women displayed a level of commitment and motivation that actually made me feel quite humble. For many of them the road to commencing the course had been long and difficult, and a place secured on the course in spite of obstacles placed in their paths. Support; there was indeed support from partners and family, but it appeared to have two forms: conditional support of partners and the unconditional support of family.

Further individual in-depth interviews were conducted at the beginning of the second semester following the first practice placements. These, with reflections on the critical units, formed the focus of the interview. By this time the women were in the second semester of the programme and, whilst still 'theory led', the course had also included two short practice placements, one in a hospital and one in the community. The areas addressed during the course of the interview were:

- group dynamics
- being an 'older student'
- critical units: a) content b) teaching
- community placement
- ward placement
- professional dynamics

As the women commenced their second year of the programme, I carried out the third set of in-depth interviews addressing the topics of:

- nursing as 'caring'
- differences across disciplines
- relationship of theory to practice
- any and extent of dissonance
- any and extent of personal change
- the programme and their expectations

The point of my gathering sub-themes was to obtain a comprehensive view of the information and to allow a pattern to emerge. Leininger (1985) advises that when patterns emerge it is best to return to the informants and obtain feedback about them. This should be done as the interview is taking place or by asking the informants to give feedback from the transcribed conversations. In the former, the interviewer uses the informants' feedback to establish the next questions in the interview. In the latter, the interviewer transcribes the interview or the session, and asks the informants to provide feedback that is then incorporated into the theme analysis. But the research was not going quite how I expected. In my naivety I assumed that I would keep to the research 'recipe', but I wasn't able to. The themes which had emerged from the data were, not to put too fine a point on it, contrived. For whilst some data allowed for categorizing under categories, much more did not. Did I ignore these data? To include it all would be impossible unless, through my own interpretation, I made them 'fit'.

5. Studying the women and not studying myself

Rigour, legitimation and representation are fundamental issues within the research process. Beck (1993) uses the terms credibility, fittingness and auditability in interpretive research. 'Credibility' refers to vividness and faithfulness to the description of the phenomena, 'fittingness' is possible when data can fit into a context other than the one in which they were generated and 'auditability' refers to the decisions made by the researcher at every stage of the research process. These raised a number of contentious issues for me. Firstly, the description of the phenomena being observed was only possible through language and the dominant discourses used by the women (not to mention myself). It is a given within the tradition of hermeneutic enquiry that data are returned to the research participants to be

validated. The claim is that a research report derived from this process authenticates data and contributes to the rigour of the research process. I broke this 'rule'. Not because of any ethical or practical problems but more because of difficulties in 're-remembering'.

There was a time-lapse of several months between one set of taped interviews with the women and the next. For me, who as a researcher was occupying a different time dimension, this was not perceived as a potential problem, mainly because I 'lived' with the tapes and transcripts on a daily basis. When I would begin subsequent in-depth interviews with participants I would often refer back to previously discussed incidents. What were extremely familiar episodes in the women's lives to me, had actually been forgotten by them. The result was that I would remind them and then they would 're-remember' them ... differently. Their own interpretation of their experiences was built on ever shifting foundations.

The 'fittingness' of the data was to prove just as problematic, for in reading the women's transcripts there were many inconsistencies and contradictions inhering within them. For how can one 'fit' data into another context when it doesn't even fit within the frame of reference of the originator's experience? All that remained was my own decision trail, a trail which on many occasions I felt to be decidedly fuzzy. Establishing dependability through maintaining an audit trail means recording decisions throughout the research process and incorporating these in the final product (Hall & Stevens 1991). In other words, there should be an intrinsic logic reflected in the writing of my final thesis.

Reflexivity is a potent way for the qualitative researcher to ensure dependability and authenticity of findings. Hall & Stevens (1991) argue for an ongoing reflexive stance in qualitative work, claiming that it brings feelings and values into the research setting. I believe my data does this. By enabling the women in my study to provide their own narratives, their feelings and their beliefs are represented and so meet two further criteria offered by Guba and Lincoln (1994) that contribute to the 'goodness' of a study: the use of a dialectic process and authenticity. They are relevant as both are consistent with a feminist postmodern philosophy that recognizes a multiplicity of constructed realities. As Sandelowski (1995) states there is an inflexibility and an uncompromising harshness and rigidity implied in the term 'rigour' that threaten to take us too far from the artfulness, versatility and sensitivity to meaning and context that mark qualitative works of distinction. I make no claims that my study falls into

this category, instead I would echo Koch's (1996) assertion that 'criteriology' has shaped researcher's ways of thinking about social inquiry and that postmodern work contests this.

Bhavnani (1993) appeals to a set of counter practices based upon feminist principles to guide enquiry. The principles are accountability, partiality and positioning. She draws attention to 'positioning' as a practice in feminist work. This position rejects fundamentalist rhetoric and binarism from conventional modes of enquiry. The practice of positioning opens the possibilities for different sorts of identities, concepts of race and culture to emerge. She argues for research in which the evaluation criteria are intrinsic and self generating. Studies driven by clearly defined principles have the potential to generate their own set of evaluation criteria, which she believes allows the credibility of research findings to be judged on the usefulness of the research product. Most researchers commence with methodological concerns and adopt a pathway provided by a methodology to ensure rigour. I decided to adopt Koch's (1996) suggestion that the research process be reversed, so that ontological questions surrounding the researcher and researched are dealt with first. This is then followed by epistemological questions which in turn lead to methodology.

By raising these concerns and asking these epistemological questions I had to acknowledge that, firstly, not only did the women in my study not perceive the units of learning as emancipatory, they saw actually saw them as a constraint in their learning experience. Secondly, while some of the women were changing and experiencing a degree of conflict, others were not. In fact one woman saw her change in very positive and growth-enhancing terms. At about this time I experienced a crisis of confidence, There was not, it seemed, 'an answer'. I became intrigued by postmodernist thinking and really began to question the whole notion of explaining women's experiences in terms of emancipatory theory.

The plurality of the women's experiences became paramount, but this presented a problem, for, in feminist research, locating yourself within its context is a categorical imperative. Subjectivity is inevitable and must be acknowledged, and I saw my own inclusion as vital. Indeed listening to the women's stories reinforced this very point; I didn't just understand them, I had *lived* them; and there lay the 'rub'. The danger lay in my interpreting textual data within the limits of my own subjectivity. I came to understand that meaning is strictly related to the reading of a text, each reader giving a different meaning to it each time

it was read. Thus, my life story became increasingly irrelevant. Yes, there were commonalities but was this more to do with how *I* re-remembered my own experiences in relation to theirs? I began to see how problematic my own subjectivity actually was; my sense of 'self' could only really exist through another. Thus, the scene was set for a philosophical shift.

This decision to move from a critical feminist perspective to a postmodern feminist perspective can be seen as not so much a 'conceptual leap' but rather as a natural conclusion to arrive at. As the tensions which I encountered in the course of the data collection and subsequent analysis became untenable, I began to explore postmodernism. Postmodernism can be seen as a supplement to critical theory rather than juxtaposition, so that a 'methodological synthesis' took place. The mixing of methods is, in itself, a distinctly postmodern pursuit.

Secondly, postmodern feminism rejects the notion of a single dominant feature of social life (i.e. capitalism and patriarchy), instead they argue that the world is structured by a multiplicity of discourses each competing for dominance. Finally, the view that Agger (1991) adopts put a new complexion on the notion of 'data.' His description of *any* research data is that it constitutes 'text' and is thus open to a critique normally reserved for literary theorists. There is a strong tradition of feminist and postmodernist critique within literary criticism and subsequent background reading found me exploring a range of writings from this perspective.

6. The philosophical shift

Like critical theory, postmodernism rejects the possibility of a pre-suppositionless representation, but argues that every knowledge is contextualized by its historical and cultural nature. As Agger (1991) argues, at some level a universal social science is judged impossible because people's and group's different subject positions cannot be measured against each other. How can we judge who is the most oppressed, women or black people? Instead it is important to recognize how the discourses and practices constituting the experience of being a woman/black person at a given historical moment frame their different experiences of the world. Both philosophies agree that theory is embedded in the practical, but there is one major issue: that human agency has the potential to ameliorate the effects of power. There is a

massive assumption here, while the 'plurality' of society is recognized, critical theory argues that removing the structures which constrain the free exchange of ideas will allow consensus to be reached about 'truth claims'. Other differences are a matter of degree rather than substance; postmodernists have an outright rejection of concepts such as rationalism or individualism while critical theorists support reconceptualized versions.

It is this perspectival aspect that influenced my thinking. While both approaches reject philosophical hermeneutics, postmodern research favours replacing participants' perspectives with external ones, whereas critical social theorists held that participants' views are valuable if the researcher could assist participants to gain distance from them. Here lay the crucial reason for my change in emphasis. I could not distance the women in my study from their viewpoints, nor would I want to. For that would involve distancing them from themselves; they were speaking for themselves, they were representing themselves. Secondly, how could I capture aspects of their experience when it was already being mediated through particular discourses and ideologies? Moreover, their experiences would be further refracted by me in my written account of the research study. I did not feel I could draw out the women's experiences and somehow reframe them into a sophisticated analysis that claimed to represent the everyday world of mature women becoming nurses. In postmodernist terms I had arrived at the 'crisis of legitimation'.

Thus, while the women and the stories they told remained central to the research, the authenticity of the voice with which they spoke was to be challenged. I would, in effect, be 'decentring' them. Rather than privileging the women as an authoritative source of knowledge, even about their own lives, I saw them as presenting a range of different subjectivities, which were often at odds with each other. In keeping with Lyotard's (1984) view that one cannot tell large stories about the world, only small stories from a variety of subject positions of individuals and plural social groups, the study sees the woman speaking from these positions. First it is necessary to attempt to describe just what postmodernism is.

A useful definition of postmodernism comes from Jean-Françoise Lyotard who defined postmodernism as "an incredulity toward metanarratives" (Lyotard 1984: xxiv). Lyotard argues that no *one* set of rules, no *one* story, no *one* condition accurately explains knowledge and communication. Universal and eternal truths, if they exist at all, cannot be specified. Metanarratives are condemned as 'totalizing'. Postmodernists insist upon the

plurality of what Foucault (1980) termed 'power-discourse formations' and Lyotard (1984) as 'language games' Essentially, these theorists point to the fact that we should be aware of instances of privileging one set of ideas over another. Lyotard also suggests postmodernism is continually redefined:

> The emphasis can be placed on the powerlessness of the faculty of presentation, on the nostalgia for presence felt by the human subject, on the obscure and futile will which inhabits him in spite of everything. What at one moment challenges our ideas, our sense of how things are, becomes, at the next moment, that which we seek to challenge (Lyotard 1984: p79).

I struggled with the whole notion of postmodernist thinking (and I still am). For postmodernism cannot be defined as such, it really only exists discursively, that is within the discourses we produce in using it. The term itself is used in a range disciplines and spheres: music, art, architecture, literary criticism, sociology and so on. But for me, as stated, the attraction lay in its approach to language and discourse. These, along with the categories of deconstruction and *différance* were to form the foundation for my reading of the texts, both the women's autobiographies and the initial interview transcripts of women and teachers.

This approach to language can be more accurately described as 'poststructuralism', which refers to the theory and work of Jacques Derrida (1973; 1976). His perspective suggested that language users do not just 'pluck' words out of thin air (or a thesaurus) when trying to convey meaning by fitting them to the objects or feelings being conveyed. Instead, the meanings of words are largely imbedded in language use itself, for example *how* we talk, write and read largely determines *what* we end up saying. In effect, poststructuralism reconstructs the process of meaning in a way that gives fuller weight to the pre-given meanings imbedded not only in particular words but in the relations of words to each other. As a result, Derrida argues that meaning is forever elusive and incomplete in the sense that language can never perfectly convey what is meant by the language user.

Postmodernism (which I would argue embraces poststructuralism) is a theory of cultural, intellectual and societal discontinuity that rejects Enlightenment notions of linear progress (Agger 1991). History is no longer conceived as going somewhere, from prehistory to the end of history. The present is no longer to be experienced as a stopping point en route

to something higher or better. Consequently, I shall apply concepts of 'postmodernism' and 'poststructuralism' interchangeably.

The shift in stance to postmodernism emphasized the need to deconstruct each woman's experience. Baber & Allen (1992) supported this notion in respect to women and claimed, "there is no woman's voice, no woman's story, but rather a multitude of voices that sometimes speak together but often must speak separately" (p19). My original method of semi-structured in-depth interviews focussing on specific areas was, in effect, just another oppressive structure for the women. I was deciding what was for inclusion (and by extension, exclusion) in the women's narratives. The only way to allow them to 'speak' was by handing them the agenda as to what was relevant within their life stories.

My understanding of the relationship between postmodernism and feminism has been influenced by Nicholson (1992), who claims that postmodern thought tends to be philosophical and feminist thought focuses more on political action and emancipatory intent. Thus, postmodernism uncovers the ontological problems of modern political and social theory. Since it is evident that there is not one explanation for women's (or nurses') oppression, consideration should always be given to individualized and context-specific experiences and subsequent strategies. In respect to women, Lather (1991) draws links between (modernist) feminist theory and postmodernism and explained a possible integration. She concluded that in the same way feminism has at times had conflicting theories cited within it and yet has been able to provide a platform for political action, so in the same way, feminism can provide this for postmodernism. Further, she believes that feminist theory has already been moving toward an emphasis on praxis and self-reflexivity; has recognized the importance of subject and agency in the effort toward transforming society; and has begun the move from essentialism toward social construction of the subject and the questioning of difference.

Furthermore, another component of the integration involves the preservation of the feminist notions of celebrating women's voices. This validates the socially constructive nature of existence, blurs boundaries, and acknowledges the need for dialogue or conversation rather than an authoritative voice. Women's voices are therefore given new scripts, texts and discourses. Postmodernism's emphasis on local, contextual, and therefore multiple explanations of reality, is often viewed as fragmentary rather than cohesive. But it is

also celebratory because it concerns the subject in the process, it can be visionary through its struggle and resistance, but importantly, it is non-ideological. The appeal for me was that postmodern feminist approaches went beyond the rhetoric, they were truly participatory.

7. Creating the text

The term 'text' has specific meaning within the linguistic tradition and it this definition I will use to describe the data my research produced. This approach allows for you, as the reader, to interpret the product from within your specific tradition. In the creation of a text (the research product) I have become a writer, what Cotterill & Letherby (1993) describe as a 'biographer' and Denzin (1996) a 'new journalist'. Denzin (1996) makes a series of suggestions about the writing of a text: that facts are treated as social constructions, blurred writing genres are acceptable (e.g. literary and autobiographical), use of the scenic method (show rather than tell) is advocated, construction of 'real' and composite people is made, multiple points of view are used to establish authorial presence, multiple narrative strategies are deployed and writers position themselves as moral witnesses to radical societal changes.

There are also criticisms of the work of 'new journalists', writers could be accused of falsification, there appears to be no agreement upon a method for validating the text and the writer's place in the text could be challenged. Writers are accused of failing to locate the writing in other literatures, and the writer's use of literary techniques is seen to violate journalistic norms (Denzin 1996). Koch (1996) appeals to writers to incorporate a reflexive account into their research product and thereby describe to readers 'what is going on' while researching, thus allowing the reader to decide if the research product is believable or plausible. I would attempt to 'deconstruct' my own writing as this would help in heightening my reflexivity. If human experience is mediated by ideologically imbued language, then merely providing a detailed and accurate account of participant's lives will not result in a valid base upon which to construct social theory. How I write my research report is therefore crucial.

Reflexivity, a term used to explain the relationship between critical consciousness and awareness of oneself's thoughts and actions has been further developed by Marcus & Fischer (1986). Here they see the relationship between the biographical time and place

(including geographic place, culture, class, and gender) of the researcher and the researched as integral to the research process. This has been my intention in the writing of the thesis, for the crisis of legitimation merges into the crisis of representation. I overcame this 'crisis' by recognizing that data is not something 'out there' waiting to be collected, but is a selective process guided by the researcher's own social biography and political ideology. Consequently, the use of a non-cognitive, non-ideological data analysis technique was a way of allowing the researcher and the researched to be situated outside of dominant cultural discourses.

A major criticism of any research method is its 'hiding' of the author within the writing, the result of which is the suppressing of the author's assumptions. In my initial acceptance of an emancipatory metanarrative I was making profound assumptions about the nature of nurse education. The subtext to the first stage of my research was that all women were oppressed and education removed the veil of false consciousness. The latter stage of my research would see me locating myself in the text *with* the women, but not speaking for them. I hoped to filter out my own subjectivities by raising them to full view and entering into a form of 'dialogue' with the reader of my work. This dialogue is in keeping with Denzin's (1996) suggestions that writers adopt a range of literary styles and my style of writing ranges from the colloquial to the theoretically abstract. Issues of confirmability and credibility have been addressed through the alternative criteria of emotionality, personal responsibility, political praxis, multivoiced texts and dialogue with subjects (Denzin & Lincoln 1994).

7.1 Language and the problem of meaning

A basic tenet of postmodernist thought is the 'problem' of meaning. For not only is it impossible to ascribe explanations and 'metanarratives' to events, it is also impossible to ascribe meaning to what people say (or write). How do we know what something is 'supposed' to mean? There are several issues here: that meaning is what is intended by the speaker/writer, that meaning is created by and contained in the language/text itself and that meaning is created by the listener/reader. Deconstruction is seen as a method of stripping away presuppositioned meaning.

Roland Barthes (1972) recognized that *everything* in society could be decoded (or deconstructed), and his proclamation of the 'death of the author' caused a sensation when published. By this statement he meant that readers create their own meanings regardless of the author's intentions; the texts they use to do so are thus ever shifting, unstable and open to question. Just when the women's movement had reached the moment of laying bare the misogyny of contemporary discourses, it transpires it is not *what* the author writes, it is *how* we read the text. For Stanley (1992) it was not so much the 'death' of the author, rather his 'suicide' at a critical point, thus thwarting feminists and causing them to reassess the social construction of the category of 'woman'.

This disagreement over meanings is a canon of postmodernism because what language means differs between people. Feminist theory does not reject the idea that individuals have certain perspectives on the world, nor does it ignore the moral implications. However postmodernist feminism has had to accommodate the notion that seeing the world as a woman is not so simple, since there is no stable, unitary category of 'woman'. Rather there are a number of selves that occupy certain distinct positions. This is fundamental to my research study, the aim of which is not only to reveal the differing cultural identities (selves) the women produce, but also to reveal what Foucault (1980) terms as the organized effort to resist subscribed identities.

The idea is that the spoken word guarantees the existence of somebody doing the speaking and thus it reinforces all those great humanist ideas, such as that there is a real self that is the origin of what is being said. Derrida (1973) calls this idea of the self that has to be there to speak part of the 'metaphysics of presence' this idea of being (or presence) is central to all systems of Western philosophy. Presence is part of the binary opposition, presence/absence, in which presence is always favoured over absence. Speech gets associated with presence, and both are favoured over writing and absence; this privileging of speech and presence is what Derrida calls *logocentrism.*

It is because of this favouring of presence over absence that every system posits a centre, a place from which the whole system comes and which guarantees its meaning, this centre guarantees being as presence. If one sees one's entire self as a kind of system, everything one does, thinks and feels is part of that system. At the core or centre of one's mental and physical life is a notion of self, of an 'I'; of an identity that is stable and unified

and coherent, the part of oneself that knows who it means when it says 'I'. This core self or 'I' is thus the centre of the 'system'; the 'I' is the origin of all we say and do and it guarantees the idea of our presence, our being. What Derrida does is to look at how a binary opposition cannot exist without reference to the other; light (as presence) is defined as the absence of darkness, goodness the absence of evil and so on. Deconstruction is not about reversing these hierarchies, rather it seeks to erase the boundaries between the oppositions. In doing so it will show that the values and order implied by the opposition are not rigid or given.

Derridian deconstruction is the term used to refer to those circumstances where some posited underlying structure, position or idea in human affairs is found to break down if applied to itself. The basic method of deconstruction is to find a binary opposition and show how each term, rather than being the polar opposite of its paired term, is actually part of it. Then the structure or opposition which kept them apart collapses until, ultimately, it is impossible to tell which is which, and the idea of binary opposites loses meaning. The interview transcripts which form the initial sources of data were deconstructed in this way. Meaning is always open to challenge and redefinition with shifts in its discursive context. Deconstruction theorizes the discursive context of written texts. By this I mean that *how* the women lived their lives as conscious thinking subjects, and *how* they gave meaning to the material social relationships under which they live, depended on the range and power of existing discourse, their access to them and the political strength of the interests which they represent. Deconstructive analysis of texts involved searching for apparently oppositional terms within the transcripts. The binary oppositions of public/private, independence/dependence and semantic/pragmatic were found residing in the data and will be discussed in chapters eleven and twelve.

In what Derrida termed *différance* (a pun based on difference and deference) he refers to the differing and deferring of signs from what they mean, and what they do not. These two notions refer to a separation of identity (difference) and a separation of time (deference). If meaning has spatial and temporal aspects, then it can never be in the same place as itself but is always 'just along the line' (Derrida 1976). This constant deferral of meaning questioned the very essence of my data analysis. In transcribing the women's taped in-depth interview tapes I had, effectively, removed them. If the presence of the speaker authenticates speech, then their absence during my reading of it meant a lack of authentication. How could I interpret it? More worryingly, how could the women themselves

authenticate their own meaning if it was constantly being deferred? Using a chronotopic analysis gave the women 'presence' within the context of the research. It also fixed the women within specific spatial and temporal aspects and so stopped a constant deferral of meaning.

'Discourse' is the remaining element fundamental to the postmodernist critique and can be defined in terms of talking about or constructing versions of reality that are ideological. It is the different discourses, postmodernists argue, that govern our knowledge and the way we speak about the subject under discussion: one can only imagine what can be symbolized, speak of only what we have language for, speak only in the ways the rules of discourse allow us to. Discourse refers to a coalescence of language, images, practices and behaviour that add up to a powerful structure that operates through everyday practices, conversations and decision-making, and are in turn, developed by them. Thus, they come to represent objective reality; and they become extremely powerful so that everything one comes to know is constructed through signs and governed by the rules of discourse for that area of knowledge. In Foucault's (1980) terms, the production of discourse, the way in which one comes to know the world, is controlled, selected, organized and distributed by a certain number of procedures. Discourses are regulated by rules of exclusion and internal systems of control and delineation. Discourses are multiple and discontinuous, they are seen as originating and disappearing through chance; they do not hide the truth but instead, constitute its temporary face, there are consequently, many 'truths' which collide and compete for dominance.

The task of my data analysis was to examine these discourses and after taking a postmodernist approach, I had intended to use a discourse analysis based on Tannen's (1996) model. Then, quite serendipitously, I came across the work of Mikhail Mikhailovitch Bakhtin during one of my forays into the literature and linguistics section of the University library. Reading the translation of his work was almost a spiritual experience, and the final piece fell into place. For all the writings on deconstructing text returned to the same endpoint: the impossibility of 'fixing' meaning because of the constant deferral. M.M. Bakhtin had developed a method for reading texts within the field of literary theory and criticism. His development of 'chronotopic analysis' allowed the reader of a text to situate the author within specific discourses at specific times. Meaning became a 'possibility' following the death of the author, there is a 'birth' of the reader. The next chapter will discuss in detail Bakhtin's

work on the dialogical relationship of language, as well as the issues which surround theorizing and representing the subject. I also continue the discussion on the relationship between feminism and postmodernism is also continued.

CHAPTER THREE

LANGUAGE, AUTOBIOGRAPHY AND THE 'CHRONOTOPE': ANALYZING THE WOMEN'S NARRATIVES

In this chapter I address the complex nature of language in relation to the articulation of the subjects' experiences and introduce the theorist who is fundamental to my understanding of the six women's life stories; Mikhail Bakhtin. Bakhtin is becoming an increasingly influential figure within literary criticism following his 'rediscovery' by theorists. His work, the majority of which was written in the 1930s and 1940s, is a theoretical approach to reading texts, but I will argue that it is also able to provide a method by which one may deconstruct and analyze any textual data. I continue my discussion by introducing the concept of autobiography, both as a genre and a method, which I considered an important tool for theorizing the subjectivity of the participants. The notion of feminist narrative and biography is viewed within this conceptual framework and I draw a distinction between this and the postmodernist accounts of self-representation. The chapter ends with the concept of chronotopic analysis, which was the deconstructive tool I used when analyzing the texts of the women's autobiographies, and gives the reader an account of why and how I decided to use this particular method.

1. Language: the core of subjectivity

It is in language that differences acquire meaning for the individual. With the experience of individuals being far from homogenous, we have to assume that the subject's version of reality is true. Weedon (1987) argues that it is necessary to deconstruct the terms of liberal-humanist discourse in order to see what it takes for granted and what it excludes. For liberal-humanism, experience is what we think and feel in any particular situation and is expressed in language. While experience may exist outside language, it requires language to articulate the experience to other people. As Kanneh (1992) tells us, a wide range of political and theoretical positions includes or begins from rigorous inquiry into the role of language as

a principle of human identity and as a blueprint for the structures of oppression and subordination. The recognition that experience is open to contradictory and conflicting interpretations puts into question the ideas that language is transparent and expresses already fixed meanings (Weedon 1987).

Spender (1985), for example, confronted the language of everyday spoken and written communication in terms of its function as a register of systemic sexual oppression. She argued that language should become a point of scrutiny for feminists in their attempts to analyze and change the social order: "Language helps form the limits of our reality. It is our means of ordering, classifying and manipulating the world" (p3). In stating this Spender put forward the idea of language as the mediation between a human being and her environment; it is a way of giving form to chaos, of producing a grid through which the outside filters into a specific order of comprehensibility. "For having learned a particular language and had access to being 'humanized' we have also been 'socialized' in the process" (Spender 1985: p3). This plurality of language and the impossibility of fixing meaning once and for all are the basic principles of postmodernism. But, as Weedon (1987) stresses, this does not mean that meaning disappears altogether. Rather, any interpretation is at best temporary and specific to the discourse within which it is produced.

I wanted to locate the women within the discourses from which they spoke, and it was Bakhtin's theory of language which became a means of situating speech. For Bakhtin, language is learned through contextualized social interaction; consequently all language use is *from* a point of view, *in* a context, *to* an audience. There is no such thing as language use which is not dialogic (having an addressee, real or imagined), which is not contextual and which is not ideological. Any language as it is lived, over a varicty of positions, is really an interacting and at times contesting amalgam of different language uses. Hence every language instance is marked by heteroglossic (socially distinguishing) forces as well as monoglossic (societally unifying) forces (Bakhtin 1986). Each of these 'languages' embodies a distinct view of the world, its own sense of meanings, relations and intentions. Bakhtin sees language as potentially a prison-house, constructing its own set of understandings beyond which the person imaginatively cannot go. It is clear then that Bakhtin, like poststructuralists, believes that one can think only what one's language allows one to think. At this point I would like to introduce Bakhtin the philosopher and semiotician, and his concept of the 'dialogic

imagination' which focused on the idea that culture, or even existence itself, is inherently responsive, involving individuals acting at a particular point in time and space.

1.1 Mikhail Mikhailovitch Bakhtin

M.M. Bakhtin (1895-1975) has only recently been 'rediscovered' by Western literary theorists and philosophers, mainly because much of his work was not published (or translated) until after his death. Much of his life was spent in internal exile because of his critique of Marxism, and it was not until the fall of Stalinism in the former Soviet Union that he re-emerged within Russian academic circles. His writing predates the likes of Derrida and Barthes, but one can not describe him as a 'postmodernist'. Alternatively much of his work is a response to structuralism, with which he took issue.

Many literary theorists hailed Bakhtin's philosophy of language as a breakthrough in the discursive logjam that has plagued the field ever since the advent of Derrida and deconstruction. What Bakhtin offered was a relatively simple, loose-knit system of language philosophy that provided an escape from the endless deference of poststructuralism and deconstruction. In contrast to Derridian deconstruction, which views language and texts as nothing but the free play of signifiers, Bakhtin believed that all individual expression is ultimately the product of various voices that are linked to one another through the socially constituted fabric of language. We learn our language by assimilating the voices of others, and we speak back to our community of peers through re-externalized modes of discourse. This philosophy, known as 'dialogics', is supported by Bakhtin's concept of metalinguistics, in which the individual utterance is seen as the intersection of a speaker's specific intent and the listener's active response, which are in turn linked to one another through stable, yet often unconscious, genres of speech.

Bakhtin's social view of language, which places equal importance on speaker as well as listener, has also served to counteract one of poststructuralism's central tenets, the so-called 'death of the author.' As Lodge (1990) has argued, Bakhtin's thought has been instrumental in raising the author from the dead and bridging the gap between theory and the average reader. As a result, Bakhtin's philosophy of language has pushed the debate beyond the endless scepticism of deconstruction. In doing so, his ideas have changed the future

course of theory itself and present us with perhaps our first unified view of how language operates in both the writing and reading of textual discourse.

For Bakhtin, true thought is not to be found in the isolated minds of individuals, but at that point of dialogic contact between people engaged in discourse. He describes the value of interpretation in our everyday speech and the potential it has to completely destroy the meaning of what others are trying to say. For Bakhtin it was important to keep in mind that we are constantly translating others' thoughts and ideas during the transmission of information. We probably rarely ever get the exact meaning intended by the speaking person, even in the transmission of everyday conversation. Bakhtin was referring to the use of language as an art form, but implied that our individual interpretations are an integral part of any form of language. Our unique interpretations can help us relate to a novel, a poem or a song and that very translation, which comes from our individual life experiences, is what makes that subject matter so meaningful.

His main theory of dialogics argues that one establishes one's own beliefs through the experiences and opinions of another's discourse. A person's speech is in all actuality about half of other people's thoughts and speech and the person who is speaking simply alters the words and considers the thoughts their own. Poststructuralists/postmodernists agree with Bakhtin's theory that one's speech is usually not original. As we listen to what others say to us and listen to conversations around us, we tend to use these topics in our own discourse and we may even use the same opinions of others. By retelling in his or her own words the speaking person's intent is to transmit discourse as original ideas, yet these thoughts are merely representations of another person's speech. Bakhtin's theory is that we form our own judgements and thoughts by selectively choosing ideas we hear from others. When we hear words of authority we usually do not interpret the meaning, instead we accept it and acknowledge it as the truth. When we are internally persuaded by others, we tend to speak half what they are saying and half of what we actually believe.

The point Bakhtin is making is that a person's ideological development is a time of intense turmoil. Indeed, it is throughout this struggle for the authority of one's own thoughts, ideas, and discourse that the history of our ideological consciousness is established. According to Bakhtin, an individual's discourse is primarily interwoven with the words of others through acknowledgement and assimilation. In the beginning of one's life, we are

programmed through authoritative discourse to believe and think what we are told to believe and think by our surrounding authoritative figures. Evidence of this programming is found in figures like parents and teachers who believe that we are not able to come up with our own ideas, and therefore provide us ideas with which to work or programme into our discourse. This type of programming exists in the forms of rules, directions, and models.

A change occurs in this cycle once we come to realise that the other's discourse is not finite, but that it is open. This revelation allows us to begin experimenting with independent thoughts, opening new doors, and encouraging our consciousness to begin to evolve and develop. We encounter much difficulty at first through trying to make sense out of other people's discourse finding it nearly impossible to disentangle our own developing thoughts from it. Disorder prevails as we begin the struggle to achieve independence. Here was the site of the women's tensions. Their struggle was in the way they used language to represent themselves, in the establishing of 'new' professional identities. In trying to separate their internally persuasive discourses (independent thoughts) from the authoritative discourse which had been previously programmed into them from the beginning, the women underwent conflict. But throughout this time of turmoil, shifting and sorting thoughts and beliefs, something else was occurring. Bakhtin states that we are also beginning to not only develop our own system, but we are beginning to *reject* certain modes of discourse which were formerly in our system but which no longer matter to us and we no longer wish to use. Whereas I thought it was the curriculum which was emancipating, the data suggested otherwise, for the curriculum was just another authoritative discourse which was resisted by the women in their search for independence.

Within the field of literary studies feminists have begun to read autobiographical texts from a Bakhtinian perspective. Like Agger (1991), I saw no difference in the concept of 'text' as research data from that of 'text' as literary genre. Before discussing how I analyzed the data I will first discuss 'autobiography'.

2. Autobiography as genre

The autobiographer has to rely on memories from the past (Smith 1987), but memory is ultimately a story about, and thus a discourse on, original experience. The implication is

that remembering is not fixed or absolute, but is actually a reinterpretation of earlier experience which can be never quite divorced from subsequent experience. Neither can it be articulated outside the structures of language and storytelling.

In a culture which has learned to value individualism and is deeply immersed in the humanist discourses, the speaking 'I' has a tendency to validate prevailing knowledge. Thus, the speaking form is privileged; it has 'presence'. The purpose of this study is to borrow from postmodern theory and examine the ideologies embedded in discourses. Language cannot reveal an essential and unified subject; rather, the speaking subject places the 'I' in the world in positions conceptually possible in language. Smith (1987) suggests that the *autos*, shattered by the influence of the unconscious and structured by linguistic configurations beyond any single mind, may be nothing more and certainly nothing less than a convention of time and space where symbolic systems speak.

Bergland (1994) offers us three propositions critical to autobiography which are situated within the three discourses of postmodernism, feminism and ethnic studies. Firstly, autobiography serves important ideological functions within our culture. It is not only a literary genre, but is also imbued with an ideological power and as such serves a political function. The nature of the speaking subject is a critical arena for autobiographical and feminist discussions. The second position: the autobiographical self must be understood as socially and historically constructed and occupying multiple positions in complex worlds and discourses. Smith's (1987) position is that "autobiography has assumed a central position in the personal and literary life of the West precisely because it serves one of those generic contracts that reproduces the patrilineage and its ideologies of gender" (p44). If this is so, then the only way for women to represent themselves is in scripts male discourse has constructed for them. This implies the existence of a cultural 'other': the non-male (and non-white) 'other'. By raising the central question of how we understand the speaking subject positioned outside the dominant symbolic order, it is contended that a 'double-voiced discourse' exists which distinguishes between male speech and female voice (Smith 1993).

There remains a risk in essentializing the categories of *voice* and *experience* by naturalizing the female voice and female experience, and by ignoring the complex forces that produce these voices and experiences (Bergland 1994). The women in my study are joined together by facets of remembered experience, and have constructed a narrative which both

captures the specifics of personal experience and the politics of their self-representation. The modernist imperative of the self as a source of social reality can never capture the fullness of subjectivity nor understand the range of experience. Smith's (1987) assertion that the narrative 'I' becomes a fictive persona is a valid one. Precisely because self-representation is such a discursively complex activity, the autobiographer's narrative reveals more about present experiences of 'self' than those from the past do.

Bergland's third and final proposition focuses attention on ethnic studies. Quoting Michael Fischer, she describes ethnic autobiography as a key form for exploration of pluralist, late-industrialist twentieth century society. Fischer's rationale is that: firstly ethnicity is constantly reconstructed with each generation, in other words it is not static; secondly, there are no role models for the 'hyphenated', that is Afro-Caribbean, Anglo-Chinese, British-Asian, etcetera; and thirdly, ethnic autobiographies are forced to find a voice or style that incorporates several components of identity. Fischer's strategy for exploring ethnic minorities includes noncognitive mappings of consciousness present in the autobiographical narrative, such as psychoanalysis, dreamwork, metaphor and transference. These non-cognitive methods are dependent on linguistic markers and, as Bergland (1994) stresses, are thus linked to discursive practices embedded with ideologies.

It is no great intellectual leap to see the women in my study as being as marginalized as any ethnic minority group. They may not be 'hyphenated' but nevertheless they have no voice, no language and no role models. In short, this highlights Barthes' (1977) statement that "all those outside power are obliged to steal language as the poor have had to steal bread" (p167). Using a non-cognitive approach it is possible to visualize the consequences of discursive practices on the speaking subjects. It is also possible to examine the cultural 'other' and avoid the risk of the double-voiced discourse. Bergland advocates the use of the 'chronotope' - literally time/space - as a useful strategy for non-cognitive *and* non-linguistic examination of the subject in autobiography.

Women who cross social classes locate themselves in complex relation to their homes or backgrounds. Gilmore's (1994) premise is that women's self-representation describes territory that is largely unmapped and that autobiographical studies may allow for locating in relation to the story being told, but the reader is not 'in the world' as such. The postmodern spatial order remains uncharted. Gilmore is asking what exactly is being

identified with when reading an autobiographical text? By allowing the reader to identify with or against the persons or situations represented - to imagine the scene as it were - creates the conditions in which ideology is reproduced. Thus, it is that which the reader sees, not so much herself in the autobiography as in the representation of her position in relation to other familiar positions within cultural texts. Texts are read ideologically, but critical reading is lost through the process of identification. By adopting an 'authorial' position in the text I hoped to avoid this tension.

'The story of my life' once seen as the truest, most uncomplicated kind of writing has consequently been framed within increasingly sophisticated critical discourses by literary theorists. If the ever shifting ground of 'identity' within language itself is seen as a form of resistance in self-representational writing within the genre, then where does that leave the narrative method in feminist (or any other type of social) research? Smith's (1993) depiction of woman as the double or triple subject of other people's representations strikes at the very foundation of the feminist method. Woman is turned again and again in stories that reflect and promote certain forms of selfhood identified with class, race and sexuality as well as gender. She therefore remains marginalized in that she always finds herself on the margins of discourse removed from the centre of power within the culture she inhabits. In this doubled or tripled marginality the woman may actually tell sometimes up to four separate stories, all written *about* her by others, rather than by her *for* others.

2.1 Autobiography as method

Stanley & Wise (1983) tell us that the essence of feminism lies in its re-evaluation of 'the personal' and its insistence on the location of politics and revolution within the minutiae of everyday life. The central argument of the statement 'the personal is political' is that power and its use can be examined within personal life, and in the same way the political can also be examined. Since the purpose and aim of feminist research is to understand the nature of women's oppression these experiences must be articulated. But, as Kelly *et al* (1994) acknowledge, 'second-wave' feminism attempted to universalise women's experience. Consequently a 'gap' between academic work published in the 1970s and 1980s and actual history emerged. Indeed this very issue lay at the heart of my decision to borrow a postmodern perspective for my research. It was anomalous to attempt to 'fit' the universality

of emancipatory theory to the women's individual experiences, despite commonalities and some sharing of social biographies. There are, however, crucial issues which need to be raised. Each life story selects moments that the narrator deems significant, and their order of arrangement into a coherent form is also the narrator's prerogative (Ochberg 1994). I have already discussed 'the problem' of how the interpretation of these 'significant' moments lies with the researcher and what she may deem significant. Also, most people, but particularly women, rarely have an opportunity to tell their life stories. Indeed the history of women's lives is largely unaddressed. As Reinharz (1994) argues, denying people a history produces socially constructed ignorance and is itself a form of oppression.

Feminists produce biographies to repair this socially constructed ignorance. They search for women missing from the canon, for neglected works of art and science and for overlooked accomplishments of all types (Reinharz 1994). Warner (1981), a biographer of Joan of Arc, hoped to extend "the taxonomy of female types ... beyond wife, mother, mistress, muse" (p6-9), and so she and other feminist biographers study the 'anomalous woman' renowned for doing something on her own. The result is a rediscovery of women in history and a rewriting of that history. But this serves to underline the storylessness of non-anomalous women, the very women who live out private lives imbued with political meaning the women in my study for example.

For the purpose of my research 'feminist biography' is not just about locating (usually dead) women in social and political contexts, but it is about giving some *living* women a voice: when the research ended the women's biographies continued, albeit in an unrecorded way. As Ochberg (1994) points out, life stories are a way of fashioning identity in both private and public senses of the word. It is these identities, and the private/personal experiences of women which forged them, that is the focus of analysis later in the thesis. The purpose of making private experiences public is that they can be deeply political and political change can bring about personal change (Stanley & Wise 1983). The women in my study, while sharing common experiences, also had unique stories to tell. Their individual experiences in turn impinged upon them at deeply personal levels and for some the effect was such that it changed their life course.

The data revealed that the site of resistance for the women in my study is the tension which exists for them between the privileged positions of gender, work and family. For some

the conflict is greater than others. Weedon (1987) sees women as having been long prevented from entering education and public life on the basis of the unsuitability of their nature to such spheres, and they are still assumed to be fitted for particular types of work. Nowhere is this better exemplified than in nursing. Once the epitome of feminine pursuit, it is now in the process of becoming a rigorous academic programme leading to professional registration.

Farganis (1994) raises questions about the nature of being a woman and directs attention toward examining what is meant by the self. Are subjects stable entities or are they composed of conflicting parts with tenuous identities? The feminist critique of liberalism, while appreciating the protections afforded through equal rights legislation, rests on four points: that 'individual' really means 'male individual'; that liberalism fails to live up to its radical claim for equitable treatment; that it misrepresents the relationship between private and public by dichotomizing them; and that, by failing to concern itself with the everyday experiences of real life, it ignores important social needs. The feminist argument that ignoring differences is a form of discrimination becomes central in postmodern feminist critiques.

The so-called second wave of feminism saw a celebration of women's traits as also having methodological implications. Its central argument was that seeing the world through women's eyes gained not only a new perspective, but also one significantly better, as women are credited with a privileged position (Harding 1987). Whilst acknowledging the contributions that 'second-wave' feminists made, Fraser & Nicholson (1990) criticize such essentialist arguments since the idea of 'sisterhood' was at the cost of repression of difference among women. A 'third wave' of feminism is now here which sees its joining together with postmodernism. Gender, maintain Kessler & McKenna (1985), ought to be understood as a continuum and not a dichotomy. Postmodern feminism questions the liberal idea of the subject, emphasising instead the ways which external forces can affect it.

Without question, what is most attractive to feminists in postmodernism is its emphasis on difference and diversity and the way it includes previously marginalized voices. Fraser (1989) applauds postmodernism because it focuses on particular struggles, links knowledge production with power and recognizes the political role played by experts. Fraser & Nicholson (1990) succinctly state the case for postmodernism's attraction for feminists. Firstly, postmodernism opens up the discourse to include a wide range of women, particularly those on the margins, such as the women in my study. Secondly, like feminist theory,

postmodernism opposes the universality of arguments and positions, and allows us to see the social concreteness of our own thought as well as that of others. Thirdly, postmodernism criticizes objectivity which it sees as a modernist assumption. It critiques it methodologically by showing that each observer sees the world from their own position, each bringing a social biography to the act of viewing. Sawicki (1991) sees feminism as "a pluralistic and *emancipatory* radical politics" (p10). As opposed to any objective idea of a self, postmodern thought encourages thinking of identity as both relational and constantly being formed and reformed as it interacts with power at various social levels and sites. Postmodernism emphasizes the idea that persons are political actors with possibilities to rewrite history. As Sawicki says,

> we are both victims and agents within systems of domination, that our discourses can extend relations of domination at the same time that they are critical of them, and that any emancipatory theory bears the traces of its origins in specific historical relations of power/knowledge (1991: p10).

Scott (1990) points out that language, broadly understood, matters because of the role it plays in constructing and communicating cultural practices; language as ontological practice is praxis. Discourses and texts generally come to play a legitimizing role in modern society and construct what kind of women exist. Women themselves can use the power of discourse, language and texts to construct their own lives. Criticizing discourses and questioning their legitimacy is seen as a political challenge to those who formulate theories, policies and regulations.

This produces a tension between postmodernism and feminism. For example, how can feminists develop a politics of women given postmodernism's critique of the shortcomings of any theory that has a vision which transcends the individual spectator. Benhabib (1991) points to the limitations of the idea of rationally constituted social action (the lynchpin of emancipatory feminism) if women are so situated in language and discourse as to lack the critical distance to think and reflect upon the conditions for social change. Women, she argues, must be both a character in their story *and* the author of that story at one and the same time. In keeping with postmodern thinking, could I reveal the falseness of the author/character dichotomy? My decision to combine the method of autobiography with a

Bakhtinian analysis of the genre reconciles this apparent opposition. The next section deals with chronotopic analysis, the tool which I considered instrumental in that reconciliation.

3. Chronotopic analysis

There is relatively little written about the Bakhtinian notion of the chronotope. It forms a part of his writings on the dialogical nature of an individual's utterances. Through the concept of 'dialogic imagination', Bakhtin displaces the essentialist ideology of individualism that makes of the 'self' a unified, stable core which can be isolated from society and is 'representable' in autobiographical texts. He argues that our image of what is human is always concrete - temporally and spatially positioned in the universe. Bakhtin's term for this space-time dimension, *chronotope*, is borrowed from mathematics and expresses the inseparability of space and time. His argument is that our image of the human being is "intrinsically chronotopic". In the literary context, he claims, the "chronotope makes narrative events concrete, makes them take on flesh, causes blood to flow in their veins" (p250). Bakhtin defines chronotope as

> the intrinsic connectedness of temporal and spatial relationships that are artistically expressed in literature . . [it] is the primary means for materializing time in space, a centre for concretizing representation (Bakhtin 1981: p252).

The application of the chronotope to the women's narratives was to be employed as a way of understanding their experiences from *their* spatio-temporal location. It is my thesis that participant narratives in qualitative research share many features described by Bakhtin in his discussions of characters in historical novels, in that they reflect particular views of the nature of the individual and their world. The women were at the same time both the author and subject of their narrative and, as Bakhtin has stated, the subject of the story "is an observer of the everyday activities of others, an outsider who frequently fails to understand those activities" (1986: p10). The point of the chronotope in a narrative is that it becomes impossible to discuss time, space and the narrator separately. The reader is able to 'fix' particular discourses to specific times and locations, thus allowing discursive tensions and contradiction to arise.

Bakhtin offers helpful comments on the social audience, both for what he notices and for what he makes it possible to notice.

> Each person's inner world and thought has its stabilized social audience that comprises the environment in which reasons, motives, values and so on are fashioned ... specific class and specific era are limits that the ideal of addressee cannot go beyond. In point of fact, *word is a two-sided act*. It is determined equally by *whose* word it is and *for whom* it is meant. As a word it is precisely the product of the reciprocal relationship between speaker and listener, addresser and addressee. Each and every word expresses the 'one' in relation to the 'other'. I give myself verbal shape from another's point of view of the community to which I belong (1986: p86).

Bakhtin's theory on what he called the 'reciprocity of discourse' has been widely influential in literary criticism, but the philosophical and social analyses he generated by applying the chronotope were restricted to works of fiction, particularly in classical and historical novels. Gilmore (1994) argues that Bakhtin's insights must be historicized and contextualized to be meaningfully applied to women's self-representation. For many women, the community into which she was born is not, ultimately, the community to which she may now belong. But adapting and developing a chronotopic analysis becomes especially valuable for reading the autobiographies of the marginalized 'other' because the reader can see the effect of language. In other words, it becomes possible to locate the subject within discourses. If, as Barthes asserts, the subject is an effect of language, then focusing on the chronotope will allow us to examine concretely the effect of these discourses upon the subject. Implicit in this examination would be questions such as: What are the ideological forces at large? What kind of identities and social relations are possible? How are these identities produced and resisted?

This is *why* I came to apply a chronotopic analysis to my research data, or text. To the best of my knowledge it had not been used for this particular type of reading, although it is well established within literary studies. This was a little problematic for me, as there was not a 'model' for me to follow in order that I should learn *how* to analyze text chronotopically. My task became taking the theoretical construct and making it work. The connection between time and space had to be made in the women's narratives in order for their life stories to be built upon. Each woman's narrative should tell itself and create the

conditions for its own existence. My role as a 'chronotopic analyst' became that of making connections between indicators of space (physical, but often metaphorical) and indicators of time (episodes and events). Once the spatio-temporal location had been fixed, then the discourses used within them were to be identified.

This was to prove a lot more difficult than I had anticipated, and I spent hours and hours reading and rereading the texts of the women's narratives. I was conscious of placing my own interpretations upon what the women were 'trying' to say as I subjectively identified with their stories. Alternatively, I did not want to contrive the specific discourses from which they spoke. I was able to fix the physical spatial boundaries fairly easily. These consisted of the home and the classroom. I then found that having done this a temporal location could be fixed: for example the classroom 'then' and 'now'. Metaphorical boundaries followed, and consisted of private and public 'spaces' (discussed in depth in chapter twelve). Identifying discourses came 'like a bolt from the blue' when I was reading Alison's autobiography with an increasing degree of incredulity. Incredulity because her life story had been one of the most tragic I had ever heard and yet she spoke with an air of calm and acceptance I found hard to understand. Then it struck me, here was a discourse. A discourse totally devoid of any rage or anger, a discourse of pain endured, a discourse of virtual silence. She became a picture of 'idealized womanhood' and spoke thus.

I found it increasingly easier to identify the other discourses from which the women spoke once I analyzed Alison's autobiographical account. I found that not only did rereading them over and over help, but also listening to the audiotaped versions. For here the Bakhtinian notion of 'dialogical relationships' were found. The women spoke to *me*. I knew I was their 'other', because they referred to me by name. In conjunction with the textual data I made copious notes and highlights as I attempted to 'map' the women across the different spaces of their lives. But much more difficult for me to articulate are the times when a discourse would just apparently 'come to me'. Of course, I know they didn't *really* just pop into my head, for I was quite clearly so deeply immersed in the data I thought of little else. To take Isobel as an example: I had read and listened to her narrative, and there was something I could not put my finger on. By that I mean the dominant discourse she was speaking from was familiar, yet I could not 'name' it. That night I woke with a start (just like in the best of stories, for I suspect I am using a discourse of revelation and discovery here) and found myself thinking 'it's *so* middle class' and that was the discourse I had been looking for, one

of middle-class respectability. I had recognized it because it was one my own parents aspired to when we moved 'down south': involving a nice (private) house, a nice school, nice holidays. It brought home just how difficult it was to separate my own subjectivity from the discourses *I* was using.

By recognizing and identifying the dominant discourses from which the women were speaking my view and understanding of them adopted a radically different form than it had originally. For it had allowed me to see the multiple tensions that had inhered within their various attempts at self-representation, tensions which, rather than being ameliorated through education, are merely added to.

This ends the first section of the thesis. In it I have discussed what brought me to my initial research question, reviewed the literature which surrounds the professional education of nurses and set out the research schedule. I have also developed the outline of a feminist and postmodernist critique as it relates to the field of literary theory. I hope I have succeeded in situating the women within the discursive field. The next section will consist entirely of the women's autobiographies. They are completely unexpurgated, but I have to admit to a degree of abridgement. This is restricted to cosmetic editing, the removal of paralanguage and repetition, as well a small amount of grammatical correction. This is because five out of the six women are native to the immediate area (as I am) and the use of colloquial expressions as well as a tendency to mix subjective pronouns would render the text incomprehensible to all those from outwith the area. I gave each of the women a hand-held tape recorder, with an instruction that they tell the events of their life starting from their earliest memories, including events which they see as instrumental to their commencing the nursing programme. They were also to include the nature and extent of change, if any, as well as giving their impressions of the course.

PART 2: AUTOBIOGRAPHICAL VOICES

I was born, I have lived, and I have been made over. Is it not time to write my life's story? I am just as much out of the way as if I were dead, for I am absolutely other than the person whose story I have to tell .... I could speak in the third person and not feel I was masquerading .... My life I have still to live; her life ended when mine began.

Mary Antin;
The Promised Land 1985 p19

CHAPTER FOUR

ALISON

I was born in Cullercoats, I can remember the tiny little flat with just two bedrooms and the old fashioned coal fires in each of them, and I can remember the old tin bath where we used to get bathed in front of the open fire. We used to have an old fashioned outside toilet with a yard and I remember waiting for the 'Top of the Pops' to come on every Sunday night. The earliest record I can remember is 'Obla-di Obla-da!', I can't remember who sung it but I remember the song as if it were yesterday. I can remember one Christmas when it really, really snowed, and it was piled high outside the window looking out onto the yard. Happy memories, particularly of my Nanna and my mam both of whom sadly are no longer here. It was a very close knit community, where people used to sit outside on the doorsteps and the local shop was just at the end of the street, a two minute walk away. Everybody knew everybody else's business. I remember going to the Fisherman's Mission and to Sunday School every Sunday; and going around with a banner on Good Friday singing hymns and having hot cross buns. You don't find a lot of this any more, they are *very* fond memories.

My childhood was a mixture of happiness and sadness. We didn't have a lot of material things, as we were very poor and my mam had to bring up four of us. My father walked out when I was 5 weeks old, he didn't return until my fifth birthday. I can remember it being very hard, very deprived, my mam used to rely a lot on the W.R.V.S. which is a voluntary organisation, where we'd go and get clothes and shoes and what have you. She would do any job she could just to bring a bit of money in, food was very scarce. It was quite a deprived childhood as far as material things went, but I never went without love, I was brought up with a lot of love. I had two brothers and a half brother and a sister and we were a very close family. You had to be in order to survive. As I said, my father came back when I was 5 years old. He was a Sergeant in the Royal Marines and I think he thought he *still* was a Sergeant in the Royal Marines. He had fought out in Burma (and) it had mentally impaired him, as when he came back he could be quite violent. As a result we all suffered, including

my mum, God bless her. I absolutely hated him, hated this military regime that he tried to instil into us. He wasn't a very nice man at all and I absolutely hated him.

When I was 8 years old he died, it was like being released from hell. The day he died, I went into the bedroom to look at him, to make sure he really was dead. I wouldn't believe he really had gone until I had seen for myself. Although my father provided the material things when he did come home, we all lived in fear of him, we didn't know how he was going to be from one moment to the next. One day he really beat up my brother, and we had to go to school and say he'd fallen down the stairs. Since we lived in a downstairs flat everyone knew it wasn't true. Everything was covered up in those days and nobody ever spoke about it. When you were married, you were married for life and you stood by your husband. I can remember my mam saying to us "he was such a lovely man when he went away, but when he came back he had changed." Obviously for the worse. So I really didn't appreciate the material things in life, you could have kept them all for me, all I wanted was to be happy, just to have the family back the way it was before he came back, when he wasn't part of our lives. That's all I really have to say about him.

After my dad died, my mam was left to bring up four of us, plus my half brother from a relationship my father had had while he was away during the 5 years he had disappeared for. He came back, and mam took his child on. Obviously we had to move from the small flat in Cullercoats, it wasn't big enough for such a large family. So we moved, not too far away to Whitley Bay, where we had a three bedroomed house, and where I spent the rest of my childhood.

As a child I always wanted better, I resented being poor, I resented not having all the material things that other kids had, I resented not being able to go away on holiday. I wanted better, I couldn't wait to leave school and get a job. I wanted to be able to buy clothes and make up and be like the other girls, instead of having to wear hand-me-down clothes from the second-hand shop or from the 'tick' man who used to come round every week with his little van and charge extortionate prices, taking advantage of those who really, he knew fine well, couldn't afford to go out and pay cash for anything. Shoes and toys and what have you, always came out of the catalogue, so you could never really have anything that was up to date, you just had to chose from what was available in the catalogue, and make do with it.

The kids in the street all had dads, and I think that was the only time I ever really wanted him back, to give us a nice holiday and put some decent clothes on our back, and give us a nice home and carpet it out. That was one side of the coin, and the other side was, we were never, ever deprived of love, my mam she was such a lovely, kind and caring lady, I couldn't have wished for a better friend, I lost her when I was 16. She was also a lady who had definite standards, definite firm values in what she believed; she held her religion very close to her heart, and a lot of the time it was her faith that got her through things. She was a very strong, courageous woman and a person who I really admired. Looking back I don't know how she coped living how she had to live, with such a violent husband, having to bring four children up of her own, then taking another child in who didn't belong to her at all, but who she included in the family. She was one hell of a lady.

I think I knew from an early age that I was going to make something of myself, I was going to be somebody. I decided I was never always going to live in such poverty again. I didn't know how I was going to do it, but I was going to get on in life. That determination from such a very young age has always stayed with me, I think. I can remember what it was like to grow up in such poverty and deprivation, and I was quite adamant that this was not going to be my future. With regards to school, I absolutely hated it, I just didn't want to be there, didn't want to be part of it. I think that was a lot to do with the fact we didn't have good clothes to wear like everybody else, also I had to wear National Health glasses which you got ribbed about, kids can be very cruel. So really, I just wanted to get out of school, get a job and get on with my life.

When I was at school I never used to struggle with lessons or anything because I knew for a fact, anything I put my mind to, I could do well in, and I could get good results if I'd really tried. But as I got on into the teenage years I just hated school more and more. I felt so out of it, as though it was a complete waste of time, and sadly, for me, once I make my mind up, well that's that, and there was no turning back. I passed all my exams at school, I left with a CSE Grade 1 in History, Typing and English Language and English Oral. Those were the exams that I needed because I wanted to work in an office, those were the ones I went for and those were the ones that I achieved. That got me a job as an office junior for a firm of solicitors in Whitley Bay. At the time mam hadn't been too well, and she was admitted to hospital, she had had a slight heart attack. I can remember the day vividly, I was working in the office and I saw my two brothers coming up to the window at reception, I

knew something was wrong, but I just couldn't imagine what it could be. I had spoken to her just the previous day on the telephone, and she was coming out that morning. They had come to tell me she was dead. It was an absolute shock ... dismay. I just wanted to run out of that office, onto the main road and go under a double decker bus. As far as I was concerned, she was my life, and my life had just ended.

I think what made it more difficult at the time was, although I didn't know it, I was pregnant. I had been in a relationship for only for about 6 months, we really didn't know each other too well and he had not long since lost his mother and now I had lost mine. It seemed the most sensible thing to do was to get married. So, at the age of sixteen-and-a-half, I took over my mam's house. The firm of solicitors who I worked for were brilliant, they knew the circumstances of what had happened, and they paid me my wage right up until the baby was born, even though I didn't have to go into work for about four months. That's something I'll never forget them for. They didn't have to do it, there was no ulterior motive behind it, they were just very kind people. My sister and my half-brother went to live with my eldest brother, David, who by now was now married with a family of his own. My other brother managed to find a council flat and he moved out. My marriage only survived for about a year after the baby was born. My husband, who I really didn't know and who I probably would have never married had my mother still been alive, was very resentful of the baby. It was a very strained relationship and sadly, my eldest brother David died very suddenly of a heart attack at the age of 34. It gave me the strength to think, well, if my sister-in-law could manage on her own with 3 children under 5, then I could manage on my own with one child under 2.

So there I was, a child bringing up a child, with no best friend, very much alone and who had now lost the substitute father I had in my brother. Things were terrible, absolutely dreadful at the time. Looking back I wonder how I got through. But I did, and I'm still here to tell the tale.

I met my second husband, Steve, believe it or not, at my brother's funeral. My brother had married his sister. Steve was everything I ever wanted in a person, somebody who would love my baby and love me, and be full of fun and just live for life and get on with it. A short while after meeting Steve we started living together, and we had another little baby boy. Seventeen years on, we are still very happy and in love today.

If there was one thing in life that I always, always wanted to do, it was to be a nurse. I don't know why, I just always wanted to be one. At the age of 18 I started working in residential care homes and I knew from day one of working there, and caring for those elderly people, that I wanted to nurse and that I was *going* to be a nurse. I didn't know how I was going to get there, or how I was going to do it, but I was adamant I was going to be a nurse. From working in residential homes, I moved between various ones, but it was always to gain more experience. For example, in the first home I worked there were only 13 elderly ladies, when I got the opportunity to work where there were elderly men as well I moved onto a bigger rest home and gained more experience. Obviously I had to work, we both had to, there was no choice and I couldn't go back to school and get the necessary qualifications because we had a family to bring up and needed the money. Money was more important at the time than gaining the entry qualifications for nursing, so that sadly, had to go on hold.

My second husband Steve, was quite ambitious too and we've always complemented each other as we have gone through our marriage, Steve was doing various courses and certificates, eventually he wanted to work off-shore where the money was going to be relatively good and obviously things would be much better all round for us, so as he moved in that direction and started to get small contracts and bring money in, then it was my turn to be able to go back to college and to do the things that I wanted to do with my life.

The children were at that age where I really didn't have to worry so much about them, who was going to be there for them coming home from school and so on, because Gareth, the eldest, was a teenager and he used to walk home with Davey. By the time school finished, I would be home. So there I was, 30 years old and sitting in a classroom with 16 and 17 year old kids and I'll tell you something, that was the best year of my life. I thoroughly enjoyed every moment of it and I made some really lovely friends who I still see today. I came to life again, I had this new sense of well-being, and I knew that I was going to get on because I was adamant and determined, it was *my* choice that I was there sitting in a classroom this time and, boy, was I going to get those 'A's.

I started the college full-time in September and everything was going really well, I was thoroughly enjoying it. I used to really enjoy just sitting doing the homework, just grateful to have a second chance. The difference was I knew that this was my *only* chance, I wasn't 16 or 17 any more and I felt as though I didn't have time to play around any more. I

was quite adamant and determined and sure where I was going in life and I *was* going to get there. Christmas times were always special to me, looking back. Although mam didn't have much, Christmas was always very special as a family, there was always a big effort made. Consequently I carried on the tradition and the rest of the family used to come to me for Christmas Day. My brother, Paul, would come down and my sister would come along and it used to be a lovely family affair, very special ... it still is. This was my first year at college, the Christmas dinner was cooked and I was wondering where on earth my brother was. He didn't show up, I let it go, but then we went up the next day, Boxing Day, to see where he had been and we found him dead. Still curled up in bed, and he was another one I lost to a heart attack. So mam had died, my eldest brother, who was my substitute father, had died, now my brother who was just one year older than me had also died.

It was right on the countdown to the exams, when all the revision periods were starting and I thought "My God, I'm never going to get through this in a million years." I just felt like throwing the towel in, everything that I'd ever wanted in life or ever wanted for myself would always be tarred somehow. If ever opportunities came along somehow I'd have to put them on hold and that's how I felt; like history repeating itself.

The last thing I wanted to do was to study, I didn't want to face anybody, I didn't want to go anywhere. I was totally numb, totally in shock. I remember when I was going back to school, Paul had been so proud of what I was doing. He had had no real success in getting a good job and he left school with no qualifications. My oldest brother, David, who had died first, was a porter at Preston Hospital. I'm sure he could have done so much better for himself as well, but I seemed to be the only one out of the family who was actually beginning to achieve anything and Paul was always so proud of that. I can always remember him saying "you'll make a lovely nurse one day." One day, when I was sitting and his voice came back and said "I'm so proud of what you've done, you'll make a lovely nurse," and I thought "yes, and I'm going to do it," and this inner strength, which had been dampened down, just came back to me.

I literally threw myself into studying night after night and I was absolutely determined I was going to pass these exams come hell or high water. Although I was badly depressed at the time and desperately grieving, not only for Paul, but it was too close to David's death, which was too close to me mam's death and it just seemed the story of my

life. So it was a very bleak and black phase in my life. Exam times came around quite quickly and you always convince yourself that you've done terribly in an exam, not in one, but all of them. It was rubbish really, because when I got my results through, I walked away with 3 'A's and 2 'B's and I was absolutely over the moon with that. Now that I had my qualifications, I was going to go ahead and I was going to do my nursing.

I was interviewed and got my start date, which originally had been in the following March, but I knew there was an intake for the September of that year, so I constantly pestered and pestered them on the 'phone and said if anybody dropped out, would there be any chance of starting earlier? Nothing was going to stop me. On the day the course actually started in September they rang me up, apparently two people hadn't turned up to start the course and was I available to start there and then? And I said "yes, I was!"

I can remember when I first started the course I felt so inferior, there was I sitting amongst people who had teaching certificates, who had A levels, who had degrees in social policy. I mean this was just way over my head and I can remember thinking "what the hell am I doing here?" Initially there wasn't anybody that I seemed to 'click' with or bonded with, I didn't like anybody really, and it wasn't until the Christmas of that year that I started to form friendships. Those friendships that I formed at the early part of the course actually grew and we've all stayed very close and I know we always will be. As I got to know these particular friends, we had an awful lot of things in common, we all had a certain amount of hurt in our lives, we were all deprived in some way throughout our childhood. We were very different in personalities and yet throughout this course we have all supported one another when the chips have been down and things haven't been going too well. We've always kept very close contact either over the 'phone, or when we've had nights out, or we've had meetings for assignments, or if somebody hadn't understood something then somebody else would take time to explain. If one of us have failed an assignment, well then, the rest will gather round and act as a network of support and pull that person back up. That has been brilliant, it really has, it has been a great strength throughout this course, and it still is.

When I first started the course it was nothing like I thought it was going to be, I thought it was going to be "right you're going to go on this ward and after so many weeks, then you will be doing this, that, and the other; bed baths and injections, 'blah blah' this, that and the other." I really got the shock of my life, we were having lectures on social policy and

psychology and a bit of sociology and communications and counselling skills and I thought "My God, what have I got to know this for? What is the point in this?" I felt as though we spent too much time in the classroom pussyfooting about, when really I wanted to get in on the action, I wanted to be out there with a uniform on, doing what you're supposed to do .... and be a nurse.

What was really off-putting in the beginning was that from the September up until the December we must have had about 13 assignments to do. I felt as though it was a test, I honestly believed that these Programme Directors were trying to sort out those of us who could hack the work from those who couldn't. On top of that, with regard to community placement, I actually had to go bed and breakfast for five weeks in Haltwhistle at Christmas time on my own. Not with another student, but on my own, solely. I'll tell you something, that really did nearly break me, I thought that was going to be the end for me because I just couldn't hack it. At the time I had a brilliant Personal Tutor and it was on the fourth week of this placement that I rang her up, I just said "look I can't cope, I just can't cope" and I burst into tears and you know, she put everything into perspective. She got me a reprieve and I didn't have to go in for my last week. I think if I had to, or they were going to make me do it, then I really feel that that would probably have been the end for me. I really couldn't understand why they would want to put a married person who has two children, in bed and breakfast in Haltwhistle and then put a young girl of 20 with no commitments in my home town a 5 minute drive away in Whitley Bay. It just did not make sense, it was ridiculous. So my initial impressions of the course were that it didn't live up to what I thought it was going to be, it was totally different, it certainly wasn't my idea of nursing at all. A lot of people were fed up with it and a lot of people dropped out. I think the trouble with some of the lecturers, well one or two of them anyway, was that they were very patronising, and that's quite an insult, especially when you're a mature student.

I remember on one occasion, it was right near Christmas time yet again and I'd been given some cards and some presents and they were just sitting on the desk in front of me. I was listening to the lecturer, when this particular woman asked me if I would mind clearing my desk and putting them away and looking at them later. I couldn't believe what this woman had said to me. I felt so patronised and foolish in front of all of these people in this class that were younger than myself. I had words with her at the end of the lecture and asked her, please, in future, would she not speak to me like that. I wouldn't speak to her like that in a

million years. The air was cleared after that and ever since then everything's been OK, but I think sometimes some of the lecturers really just aren't self aware. For me, it often depended on what your lecturer was like, as to whether you were going to stay and listen, if he was going to be boring and repetitive and just talk and talk way above your head and really bore you to death, then the first opportunity you got at breaktime, you did a bunk, you buggered off. If they weren't prepared to make your lesson interesting and ask you to participate in it, well then, bugger you, pal, I'm not going to stick around.

The humorous lecturers were the best, they really made it interesting, they would bring a bit of fun, a bit of laughter, a bit of banter into it all. Those are the best type of lecturers you could get. They wouldn't make you sign the register, they'd rip it up and toss it in the bin and say how bloody ridiculous it was, you know you really felt as though they were on your side. Then you would have the 'religious' ones who would come in and if the register couldn't be found took a piece of paper and handed it round and, I don't know ... they would take it as an insult if you didn't turn up to the lecture, but those were usually the boring buggers and best of all they used to teach communication studies! You know at the end of the day, if you're going to teach somebody something, then come down to their level and make it interesting, get them to participate, find out what they know, because if you're going to end up regurgitating something over and over again, for example nursing models, then forget it, because nobody is going to listen. Bring some life experiences into the classroom, tell them what it was like on the wards, tell them how maybe you've used the model, what would be another good idea would have been to bring people in off the wards, the people who are there that are going to be your mentor. They don't know what goes on in college, a lot of people haven't got diplomas and haven't studied at our level and sometimes, they feel very threatened by you. At times we don't get a good reception when we get out there, so I mean, for God's sake, make it bloody *interesting*.

A lot of learning when you go out onto the wards really depends on your attitude, if you go out there with a good attitude and you're enthusiastic and are willing to learn and not stand back, then I'll tell you something, you are going to get on. But, if you're going to be a 'bolshy' little git and go out and throw research at them and say "we can't do it this way" and "I read this in college" and "we were told this, that and the other," then they will not want to know you. I think being mature has given me life experience and that experience is something that the young ones haven't got the advantage of.

I can honestly say I've put my heart and soul into this third year. I think one of my biggest arguments with the course is not having been adequately prepared for going out onto the wards with regards to practical situations, whether it be setting drips up or getting to use the different types of machines. You feel so inadequate when you go out there and you say "well look I don't know how to set a drip up." I never set a drip up until my third year, and I think that is absolutely disgraceful. Sometimes when you are on the wards you don't always get the opportunity. For example, I was on the Orthopaedic Ward and there was no call for a lot of drips to be used, it was very rare. They might come back with some saline after surgery, but then that was taken down and they certainly didn't use drip counters and high tech machinery, etcetera. So you know, when I went out onto the wards I used to feel quite stupid and unprepared. Now as a person, rather than sit back and say "well look I can't do this" and push it to one side. I'll face things head on and if there's something I'm unfamiliar with, or there's something I don't really know a lot about, then I will go out of my way to achieve it. So, off I went and practised on drips, I used to set drips up in the treatment room, even though we didn't need them and I used to set the recto counters going, and in the end, I mastered it.

I suppose really thinking about it, this course has been good for me, as it lets you dictate your own learning regime. It's about you deciding which areas that you feel you are particularly weak in and as I've gone along I've identified quite a lot of mine and it's something that I have worked at and those weaknesses have now become strengths. As a consequence of that your confidence begins to grow. That's been the best part about this course, although initially in the beginning I cursed it and I couldn't understand it, it's not until your final year that things start to come together. You build the pieces of the jigsaw and they start fitting into place and that comes with management, with taking on your own small case loads, with having responsibilities.

I've certainly felt as a mature student that I was advantaged in a certain way, because you're older and you've got a little bit more life experience. I found that I had a lot in common with people who had a family, had children. I shared the same types of problems they were having, whether it be financial or worries with children. At times I was more accepted, and tended to get away with a lot more. People would treat you more as an equal, so I haven't really had any bad experiences. Oh yes, there have been times when I've felt really low and inadequate, but I always try to identify why I've felt that way, what is it about

a certain situation which makes me feel like this, and I've worked hard at it. As a result I've mastered those weak areas and turned them into my strengths.

I've certainly grown this year, there has been an awful lot of changes and once upon a time I can remember saying that this course has really changed me. But you know something? I really don't think that it has. I think this course and the way it's designed has actually teased out those inner things in me. The course has helped me to develop more self-awareness, to develop communication skills and to develop confidence. Now, when I come into contact with first year students perhaps on their first placement, who are very despondent and wondering why on earth they've got to put this community assignment together for, and they can't understand where the course is going, it takes me back and I try and offer a little bit of advice which I wish somebody had given to me.

In this course nobody gives anything away, they'll give you a little bit of information, but they allow you to go out there and just to find things out for yourself. They really make you use your brains, and really that's what learning should be about. You should never be given it all on a plate, just a little bit of advice here, a pointer in the right direction there, that always makes you want to find out more. I've always hungered for knowledge, always have done and always will do. I will never ever see myself out of education because I think it's so important and I think it's my future, it's my career, it's the way forward. There's never, ever a clinical placement that goes by where I haven't had my head stuck into a book; where I haven't cornered somebody and questioned them because I *want* to know. I want to know *why* am I doing this, *what* would happen if I didn't do this, *why* have I got to do it that way, *why* can't we try it this way?

In reflecting back to the beginning of the course I had nurses stereotyped, as a lot of people still do, rather than people who have brains and who are really going somewhere. I thought nursing was all about caring for somebody, bed-bathing them, looking after them when they come round from their operations. That is obviously a very important part of nursing, but so is communicating, so is counselling, so is playing the role of a person who is being empathetic and understanding, seeing things through your patient's eyes. It's very important. It's also very important to have a knowledge of social policy and understand how these policies and how the implications of such new policies might affect patients, psychology and understanding how people think, understanding the psycho-social issues of

how people live and how it affects them. At the beginning of the course, I thought "what on earth am I learning this crap for?" but now in my third year, it all is coming together and I feel quite happy about that and I feel very confident in myself now. The things that have been written in my recent reports just confirm that.

I've recently been on the community and for the first time my mentor's actually allowed somebody in to help care with one of her terminally ill patients. I am actually the first student she has ever allowed into one of her terminally ill patients' homes because she trusts me. Because she tells me that I have self-awareness, that I know my limitations, that I am an effective communicator and that I'm a very caring person and that I am not going to jeopardise anything that the nursing team have already contributed.

I think this course has also directed me as a person into being flexible and adaptable and that's all about being willing to change your attitudes and your outlook, to be willing to try new methods. Some of the stuff I've learned about in 'communications' has helped in my relationship with Steve. We got on okay before don't get me wrong, only now, when he has something to say, I listen. We used to argue and we'd be both shouting the odds, you know? Not listening to the other. But now when he says something, I don't react, I try to see his point of view. I'll say 'I hear what you're saying Steve, let's talk it through', he doesn't really know what to make of it all! I feel like I know him better now. We certainly argue a lot less than we used to.

There's been so many changes within nursing and I think that's quite exciting really, well for me it is. I have changed, I suppose, in that my attitudes have changed; as a person I have changed in that I've become very confident, but not over confident. I feel confident for the level that I'm at and I think it's going to be a bit like when pass your driving test and then get out on those roads and learn to drive. I think that's what it's going to be like for me in nursing. I've got the foundation, I've got the basic knowledge, I have this continuous innate motivation that just strives from within and I also have the hunger for knowledge. I care very much about people and I am all very much for the holistic approach and I do see people as individuals and treat them as such. That's the way I am and a lot of the values of nursing also match mine; like ... treat a person like you would like to be treat yourself. Don't put labels on people, especially those people who have grown up in an area where they were disadvantaged, perhaps not intellectually at the same level as yourself. Well so what? They

are still people at the end of the day, people that you are looking after and these are the people that you want to access and these are the people you want to help. It wasn't too long ago in my life that I was once there, maybe in their situation and maybe that life experience has come in very handy for me with regards to nursing.

I mean there was an incident while on my maternity placement. There was this 16 year-old girl who was in having as oxytocin-induced termination of pregnancy. Her mam was with her, but the midwives on the ward absolutely ignored her. I mean, I was absolutely disgusted by their attitudes. She was only a kid, she must have been terrified. I spent the whole day with her and her mam. We really talked about things and her mam kept asking what was happening, you know? Well I didn't know, I had to keep going out to ask one of the midwives, but when I asked if they'd go in, they just couldn't be bothered. Their attitude was 'silly little bitch, serves her right'. I mean it wasn't a typical abortion, she was going to have to give birth, and when her time came, the midwife who delivered her hardly spoke. I was really angry. In the past I would have let things go, but the next day I made an appointment with the speciality manager and I told him in no uncertain terms what I thought about the situation.

Now obviously, my career is with nursing and I'm going to go forward and I am going to get on. I want to go into midwifery, despite everything. I have an interview pending and I'm going to succeed and I'm going to do well in it. At the end of the day I want to be an individual practitioner, I want to have a role of where I can instigate some change. I also need a challenging job, I need to work on a one-to-one basis.

I just can't see myself working on a ward. I would be very frustrated at being a low grade and perhaps having to stay there for a long time until other people, with more senior rank, get to do the courses, etcetera. I have a need to get on in life, I need the level of responsibility and accountability because I tend to function best when the pressure is on. I mean I do acknowledge that I haven't got to where I am now without certain people helping me throughout my life. A lot of people have supported me; my husband, my family, the kids thought it was brilliant when I was going back to school, my personal tutors, especially the present one, an absolutely brilliant lady. Also people who have supported me in a time of great sorrow and the tutors there who believed in me when I went back to school. I have to

say that all the mentors I have recently have all believed in me too, I have a lot to thank them for.

You always have to give recognition to those who have helped you on your way and for those people who have done that, I say a big "thank you". I feel very calm at the moment, very at peace with myself. It wasn't so long ago, again, when I questioned the course and I felt inadequate, but this was at the end of my second year. All I can say to anybody going through the course and perhaps feeling like I did, is that it happens, it's normal and it's natural and it does pass. Work on the weak areas, turn them into your strengths and you know, you'll go far. I don't feel as though I know everything and I don't particularly want to know everything, because then there would be nothing else to learn, would there? I feel as though it's the end of the course and I'm ready to move on now, I've taken everything the course has had to offer, I've used it well and now the time is now here for me to step out of the 'white' into the 'blue' and up onto the next rung of the ladder. I certainly hope one day to be very high up that ladder. Doing what? ... I don't know, but what I do know is, I have no regrets. There were times, as I say, when I have felt like dropping out, but those were passing phases, and I'm sure everybody feels like that once in a while. I may or may not stay in midwifery, but what I *do* know is, I'm going to do this degree and I'm going to take it from there.

I suppose my story just goes to show that even though the odds were all stacked against me, I've come through and a lot of that has been the determination and the desire to get on. Really in hindsight, I should be working at the local bingo hall, or maybe in a fish and chip shop, and have about three or four kids by now. But no. I think my story just shows how you can make your life different, if you *really* want to and you are determined. If you really want to succeed in life, then you can.

CHAPTER FIVE

CHRISTINE

My first memories I think, were probably of my dad. The thing I can always remember is sitting on his knee when he came in from work; he was a miner down the pits. It was the first thing he would do because I was his favourite, probably with being the youngest. He'd pop me on his knee when he was sitting on the chair in front of the TV. He'd always get into trouble off my mam for not having his tea sitting properly at the table, as he insisted that he had to have me on his knee as well. But sometimes with me being so young when he died, I'm not sure if I really do remember that, or if it's just from things that my mam's told me about him. I can remember when we visited my Auntie Anna's; she was actually my dad's sister and she used to look after my gran, who lived with her. I used to hate having to go because at that age I was really, really bored and she was in her eighties and I was just a little kid with this old, old lady. She was always very poorly and I was always forced to go in and give her a kiss before I went home and I absolutely hated it. I always remember having to go up there on Christmas Day as well, we always had to go for our tea to my Auntie Anna's and my mam used to put ringlets in my hair on Christmas Eve and I'd have best party frock on and we would go there.

I used to love going to see my other Nanna, I always went at lunchtime from school because she lived nearby and my mam picked me up and took me to Nanna's for lunch. I used to love my school, it was only a little school and it was the type of small place where everybody knew each other; all the mums and dads knew each other and all the kids were friends together. My best friend was Alison; we still keep in touch now. I went to school with her from when I started, just before I was 5. I remember playing in the school yard clearly, as well as all my old teachers. Mrs Horner was my first year teacher she was lovely. Then there was Mrs Mallory, she was the Head, I didn't like her because she always used to make me stand in the porch for talking.

I suppose I had a really good childhood, both me and my sister are adopted, but we've never attempted to trace our natural mothers. We've always said we would do it when it was right for both of us, it's just never been right yet. As far as we're both concerned, our mam's our mam and that's it. I really haven't got any bad memories from when I was young. I don't really remember my dad dying because I was so young; I just remember my sister really crying and wondering why. Even though it was just my mam and me and my sister and we never had much money or anything, I was still really lucky compared to other kids. We had a caravan at Sandy Bay, we got that when my dad was still alive. I was just a few months old when we bought it, so I always remember spending most of my childhood at the caravan. We used to go every weekend and every holiday; all the summer holidays were spent up there too. It was like I had two lives really, I had my life at home with all my school friends and then I had another set of friends up at the caravan. We'd to go to the swimming pool every day and I used to absolutely love being in the pool; that's where I learnt to swim. We used to be there for the gates opening at nine o'clock and we would have to be thrown out when they shut at seven. We'd take our packed lunches and just stay there all day, every day. Then we'd go down on the beach and write our names with a great big stick in big letters, so that when we went back up we could look from the cliff tops and see our names written in the sand.

We would walk along the cliff tops to Newbiggin and we used to go to 'Burkerelli's' and have ice cream drinks. I used to like limeade with ice cream, that was my favourite. On a rough day, when the waves were up, they would hit the promenade and come right over, and we would hide behind the wall and the waves would go over us. I always remember night times too, we used to love looking out of the window, the caravan was quite close to the cliff front and we would watch the moon shining on the sea and sometimes go down and have midnight swims. My Auntie also had a caravan, which was just in front of ours and we had these toy two-way telephones. So we dug a trench and put the wires under, then we would 'phone up and ask if they were coming across to have a 'chip party'. My mam made these big pans of chips and my cousins, Carole and Brian, would come over in their pyjamas and we used to sit down and have these little parties.

We never had that big a family, really, there was only my dad's sister and she died quite a few years back. Both my nannas and granddads died, my mam's got a sister and two brothers, and they've got two kids each, they are my cousins but we're not that close. I hardly ever see them now, but when I was a kid even, though I didn't see that much of them, I knew

they were always there. If ever I was poorly, it was always my Uncle Dixon who came across, if I had to go anywhere he would come and take me. At the caravan he would come and get me and take me home whenever I was ill, he would laugh and say to my mam he was going to paint his car white with a big red cross on the top because he felt like an ambulance coming to the rescue!

As we got older everybody faded away, as they do, I suppose. My two cousins both emigrated to Australia and my two aunties and my mam's brother have all died. So only the main family really is just me, my mam and my sister, who's got two grown up daughters now. My oldest niece has got a daughter of her own now, Jessica, she's 3. It grieves me, because I feel old when I say that and I *feel* old when I see her ... she's absolutely gorgeous.

I've always had lots of friends, as I say, I had my friends at the caravan and then my friends at home. As I grew older, we would go to the Youth Club at the Junior School, in fact we practically lived there. We'd go on walks for charity and have sponsored discos, it was a really close knit community and I loved school. I cried when I had to leave there. I never used to missed school; my mam had to force me to stay off if I wasn't very well because I just loved going so much. I missed it when I wasn't there and I'd always do well; my marks used to be 'A's and 'B's. Then I went to Longbenton High School and that was the beginning of the end for my school days.

Where I lived, in Forest Hall, was such a small community and everyone went round together and all knew each other very well. Then, when I went up to Longbenton, it was this big school with lots of strange faces. It's supposed to be a good school now, but at the time when I went, the teachers didn't really care whether you were there or not. Now, when you're 14, 15 and 16, *you* don't care whether you're there or not either. So I spent most of my time running off and sitting in my friend's house. I hardly ever went to school, I don't even know how I managed to pass my exams, to be honest with you, I don't know whether it was just luck or whether it was the schooling I had before I went to Longbenton. I just hated it so much. I think the only lesson I used to enjoy was drama; I got on really well, the teacher was great and I think I got a Grade 1. I never went to games or gym lessons or anything like that, I don't know how I got away with it because my form teacher was the gym teacher, Miss Henry. I didn't like her at *all.*

The only time we ever went out was when we had the cross country run, as soon as we got to the back field of the school we used to nip through the hole in the fence and have a cigarette; then we used to jump on the bus and come round to the other side of the school. When I left school Miss Henry was wanting people to donate their gym kits, I'd always go to lessons and say I'd forgot mine; she pulled me up in the corridor one day and said "I suppose you'll be donating your gym kit, Christine, it should be brand new considering you've never used it in the three years you've been here!" I refused point blank and told her I might need it someday, which I did, because after I left school I ended up going to college to do hairdressing and beauty therapy. And as part of the beauty therapy, we had to do keep fit, so it was a good job I didn't give it to her!

The whole time I went to Longbenton High School, even though I was friends with other girls from there, while I was at school I still kept the same group of friends. There was such a big crowd of us and we always stayed together even after we left school and we started going out to pubs and what have you. We had the same big gang and I used to go to my friend's mam's house, she was great, it was just an open house, anybody was welcome. We used to go out for a drink and then go back there and go and see Margaret and we would end up just staying there all night. The next morning you'd get up and have to step over the bodies, everybody had just stayed put on the floor. I've got really, really good memories of all my childhood and adolescent years. Sometimes, when you're thinking back, you wish you could go back and change things. I wouldn't change *anything* of my childhood, it was all good really.

When you get older you realise that when people say that your childhood years are the 'best years of your life', how right they are. It's not till you get older that all the problems start. It wasn't until I got older that I started missing my dad. I didn't really understand when I was younger, but it was when I got older and things went wrong, I started wishing he was there; or when things were going good, I'd wish he was around to see it. But I'm still lucky that I had my mam, because we've always been very close. My sister got married when she was 16. I was only 12, so it was just me and my mam who were together for most of the time. She had a friend, she'd got to know just a year or so after my dad died. His wife had died and my mam had gone to school with his wife and he became a good friend of the family. There was never anything intimate in the relationship with him and my mam, they were just really, really good friends, they were friends for nearly 30 years. We went all over with them when I

was younger, down to Devon and Wales, up to Scotland and having great holidays. I'd take my friend Alison along, we had some great times. He just died in February this year and even though he wasn't family as such to me, he was like my dad; and of course my mam had known him over 30 years, so it was a big loss, just like losing my father all over again. Of course he'd always been there, through everything I've done. When I graduated from University, he was so proud of me, he'd treat me just like his daughter, in fact he thought of me as his daughter. It was just really sad that he died at this stage and he'll not be around when I qualify.

When I first left school I wanted to do physiotherapy, but I didn't have the qualifications with never going to school, so I took the easy option. Well, what I *thought* was the easy option, and did beauty therapy instead. When I finished college I worked in beauty therapy but it just wasn't me, it wasn't what I wanted to do. I didn't really know at the time *exactly* what I did want to do; all I knew was that pampering women who had nothing else to do with their time and their money certainly wasn't it!

I was always the type who wanted to right the wrongs of the world and I hated seeing people who were deprived and downtrodden. My boyfriend at the time was a complete Marxist; your typical hippy, revolutionary type and I certainly wasn't in the right career. Then, when the recession came along and there wasn't a lot of money for people to spend on that sort of thing any more ... the luxuries of life. The business started going downhill and I ended up being paid off. Then I got into catering work. My friend, who I had gone to college with, her mum was a silver service waitress; so she trained me and I started doing casual waitressing jobs. Then I got a job working at the Refectory Catering Department at Newcastle University. I really liked it there and I started to consider going back to college and doing something in the catering line. The job that I actually had was being responsible for seeing to all the outside catering jobs within the University. You know, functions that were going on, and parties that were arranged, and coffees in the mornings, or teas in the afternoons, or luncheons. My job was to make sure that everything was right, like stocked up cruet sets and cutlery and the like. I really enjoyed doing it. I mean, at the time it felt a bit queer doing something in the catering line but, yes, I really enjoyed it.

I'd had a few changes in my life along the way, as well as job changes. Me and my boyfriend had split up; we'd been together for four years and were engaged. When I think

back now I probably got along better with him than I have with anybody else since, but I was just too young. He was my first steady boyfriend and I wasn't ready to be tied down, I wanted to do other things. I'd met someone else along the way and we'd ended up getting engaged and buying a flat together. I had my new job in catering and, I was really happy for a while. Then he lost his job and my wages weren't enough to live on and the way things were, I ended up giving my job up and I just went back to doing casual work until he got himself a job again. I got another part-time job working in a hotel; they also had another hotel in Newcastle, which catered for DSS homeless [people] and I did breakfasts in there for two years. I got to see life in there, I can tell you. As I said, I'd always been the one for the downtrodden and the poor and working there changed my perspective on life altogether. I still believed that society was to blame for a lot of things and people did deserve help. But I also started to realise that some people couldn't be helped, there were people in there who I'd just *never* dreamed existed in my life; there were a lot of genuine people in there as well.

There was a lot of women who were staying there because of domestic violence, but you also had some women who were only there looking for homes while their husbands were in prison for grievous bodily harm. They had every rogue and thief under the sun living there. There were people who you knew just never had any intentions of working or making anything of their lives, they were just out to get anything they could and they knew every scam in the book. One morning I came in and everything was taped off by the police. There'd been a couple staying there, she had two daughters and he was her boyfriend and she'd woke up in the middle of the night and caught him interfering with her daughter and stabbed him in the back with a pair of scissors.

Needless to say by the end of the two years I was a nervous wreck. I also made some good friends while I was there, the people I worked with: two girls who ran the other hotel became two of my best friends. I started going out with them and up until then I'd been with my other boyfriend. I suppose I'd become stuck in a rut, going to work and coming home and being a housewife; it just wasn't me. I started going out and enjoying myself and I suppose my relationship started going downhill after that because he just wasn't interested in anything like that; he just wanted to stay in. I started to realise that we weren't suited and we ended up parting and me going back home to my mam's.

So there I was, working part time and being back at home. I decided to go back to college and do something part time - I suppose because of the views I'd always had, and working in a hotel and seeing the things I'd seen while I'd been there. I went back to Newcastle College and did the Higher Education Foundation Course. I did sociology and social psychology and English language, mainly out of my own interest at the time. I wasn't planning on going any further, it was just I wanted to study something like that and educate myself a bit more on it. When I got there and I got in with the crowd who were doing the same course, I started to think that, well, maybe I *could* do something else; maybe I should give it a go and try to do something more. I applied to Newcastle University for a Social Policy Degree. When I went for my interview they asked me to tell them a bit about myself, so I was telling them about where I worked, and he asked me to tell him some of the experiences I had had whilst I was working there. I ended up sitting there for about three quarters of an hour talking away about all the things that had happened and the things that I had seen. I don't think that he got a word in edgeways after that!

At the end of the interview he just said, "well, if I've got anything to do with it I'll have you in one of my seminars any day," and that was it. I got a letter saying that I had a place pending on my qualifications. I got credits in all my modules on the HEFC and got my place at Newcastle. I never, ever thought I would go; I mean I never imagined myself going to University and doing a degree. When I'd worked in the refectory and served people who had just graduated and their families I would be in total awe of them. Because I'd never gone to school and I'd opted out of the physio to do something that I thought would be easier. I just didn't think I was intelligent enough, I suppose, and yet here I was doing my degree. It seemed unreal.

I didn't find it easy, mind, it was a struggle all the way. I still remember sitting up till 2'o'clock in the morning in tears trying to write psychology assignments and other things I didn't understand, and thought I'd never be able to grasp it. I had to do statistics and evaluation studies as part of the course and that was just completely horrid. I just did not have a clue and I thought I'd never pass. One of the lads in my group was a real mathematical whiz kid and he used to stay behind after we had had a lecture and show me how to do basic algebra and other things I'd never done at school. He helped me to grasp things and I ended up passing everything with a 2.2 degree.

My graduation day was just the best day of my *entire* life, it was unbelievable. My mam and Alice were there, so was my boyfriend at the time. I was so proud that I was actually there, somewhere where I'd worked serving people and being a bore to these intelligent people; and there I was, graduating, and talking to the girls I used to work with when I served on the graduation. It was just like a dream come true.

On a personal level it had actually been an uphill struggle; my boyfriend wasn't very supportive and we'd had a very turbulent and volatile relationship. In fact I ended up in a situation that some of the people that I had worked with in the hotel were in, and I'd had the odd black eye to prove it! When I worked there and I saw these women I used to think "Why put up with that, why don't you just leave?"- as most people who have never been in that situation think that way. And then I realised once I was in that situation, if you love someone you make every excuse under the sun that it'll get better and they'll change. I think it was a mixture of putting up with so much from him and graduating University and proving to myself what I could do, that eventually I realised I was a fool and that he was never going to change. I could do better and I could get out; so I did.

It wasn't easy; I still got pestered and followed by him. I had a lot of trouble afterwards but eventually I got out of it and got my degree and things started looking up. I thought "this is it" and "my life's going to change for the better." Then I was on the dole for fourteen months! I couldn't get a job, I tried all Health Services, Welfare Services, Education Services, Voluntary Services, but it was 'Catch 22'. I was too qualified to do care work, but I didn't have the experience to do anything higher. I started getting demoralised and thought maybe it's my fault, maybe I'm not good enough. I mean, all these relationship failures and me going back to college over and over again, and never being able to get a job I wanted. I was on a real downer for a while and I ended up getting another job working in catering; working in an officers' mess in an army barracks for two years.

While I was there I thought about who I was serving meals to; the people in the army who seemed to think they were a cut above anyone else; and here I was, more qualified than anyone else there. I thought "you know, I should be doing something, I shouldn't be just accepting things like this". So, I decided that the only way I was going to get a job that I wanted was by going back again and trying and doing something else. I'd always been interested in the health side of things, hoping to do physio' when I left school. So, I decided

to apply for nursing. I didn't really want to be a nurse, I've never visualised myself working on the wards or anything like that, but I'd done a lot of voluntary work to get 'experience. I thought, maybe I could get a job in an old people's home. I thought maybe I could get a nursing qualification, then I could get a charge nurse type of job in a home or something. I had to have some sort of vocational qualification to be able to get a job, so I chose nursing and I still didn't know really what I wanted to do. I thought, "well as I'm going along I'll see what areas I'm interested in."

When I got on the course at first, I was a bit disillusioned, because it wasn't what I expected. I think maybe I would have been suited to the old type of training, partly because I think I'd done so much college work and this course entailed so much work academically. I was starting to tire a bit by then. It did need more in professionalized nursing but it's gone to the other extreme now, there's not enough clinical practice involved in it; I think you need a lot more.

On the first part of the course, the Foundation Programme, the placements that you went on were just not long enough to grasp anything. We'd done all this theory and then you'd go out on the ward for 3 days a week for 3 weeks. You'd just get settled onto the ward, then you were on your way back to college again. By the time you were back out onto placement you'd forgotten half of what you'd seen the first time; you just didn't have the opportunity to put the theory into practice.

I started enjoying the course more when I got onto the branch programme. I didn't really start enjoying it at all until I got to the end of the second year. All the placements that I had, I enjoyed them all, they were all good experiences and the mentors were very nice, and the places where I were at were very nice too, they just weren't long enough. It wasn't until I got into my stride on the placement that I started being able to do things. I have never had any bad experiences while I was on placement, in fact I'd had some really good ones. I did a 'rehab' placement where I was on an elderly ward at the General Hospital, again it was only 3 days a week for 3 weeks. My mentor was so good, she used to set me little tasks for homework; anything that cropped up, such as a lady having a blood transfusion. She'd told me to go away that night and look things up that may go wrong while people are having blood transfusions, and what you have to look for. I could have learned so much from her,

had I had the chance to do so. Again, it felt as those I was starting to learn things when the placement came to an end.

As we got into longer placements things started coming together and I felt as though I fitted in more; started enjoying it more, but even then I still didn't really want work on the wards until I was on Orthopaedics for 10 weeks. I really, really *loved* it. I didn't want to leave, but it wasn't necessarily because I wanted to be a nurse on the wards, it was because it was such a great ward, the staff were absolutely brilliant. You can always go somewhere and have someone you don't like, or the odd person who's not very nice, but everyone there was just great. It was good fun and everyone got along together, you enjoyed yourself being at work because you had a laugh with the staff, it was just so laid back and easy going. The Sister and everyone was just brilliant, even the patients, I loved them. There were times when you got an unpopular patient, who you thought was going to drive you mad, but the majority of them were just great. I had a really good experience on there and I was really sorry to leave.

It wasn't until halfway through my placement, I did two weeks on theatre and *that's* when I realised what I really wanted to do. Right from the beginning I'd wanted to go into theatre, just to see if I could do it really, it was like a little personal sort of test for me. Will I be able to do the job and will I be able to stand seeing the things I'm going to see and do the things I have to do? I think going into theatre and being able to see people being cut open and the blood and gore part that you imagine when you go into nursing, it was like a personal test. I'd think "I'll go in there and I'll do that and I think I can take it".

The very first placement was on the Day Surgery Ward, and I asked if I could go in, and I got the chance to go into the main theatre to see a lady having a breast lump excision, and I was fascinated. It was only a very small operation but the surgeon was really nice and he explained what he was doing and I really enjoyed it. So, the next chance I got, when I was on male surgery, I asked again and I went in to see a gastrectomy. I was just amazed. The things they can do in surgery, seeing this man have his stomach removed and how they removed it, how they attach the small bowel to the top half of the stomach, so he would be able to eat and digest normally. Afterwards the guy who was assisting the consultant took me to the coffee room and drew me a diagram and showed me everything that they'd done and I was just amazed. I loved it and I thought "I could enjoy doing this" and when I went onto the

theatre placement on Orthopaedics I just had the *best* time. I knew as soon as I finished there, I knew that was what I wanted to do. I think it's one of those jobs that you either love it or you hate it; one of the girls who was on my ward hated it because she found it so boring, she said there was nothing she could do. I was totally different. I wanted to be in there, I wanted to do the counselling, I wanted to get scrubbed up, I wanted to help on the anaesthetics, I wanted to be in the thick of it. I just loved everything about it.

I suppose I have enjoyed the course as a whole. I think there are a lot of things that could be changed, especially when it comes to the clinical areas, even if you haven't got longer placements. I think there should be a lot more done on the programme as far as practical jobs are concerned; give the opportunity to do things before you go out onto the ward to give you the confidence for them when you get there. To write about something and put it down on paper is not enough, for example just something like putting a drip up. I mean, it's a simple thing to do really, and yet you know, I'd seen it being done on the wards and we'd talked about things at college, but it wasn't until I actually went and put up the first drip, I thought "Oh God, that was simple." It's just the easiest of things that you probably take for granted once you're qualified, but when you're a student, it's frightening.

It doesn't matter whether you are straight from school or whether you are older; doing something new that you're not used to, especially in something like [nursing] where you're dealing with people's health and lives; it *is* frightening, it *is* intimidating. You do need more of the practical support in college and more of the clinical practice to feel confident to go out and actually do it. I think the course is sadly lacking on that side, we do need a lot more experience. Everybody says in your first year and your second year you think you're never going to be able to do it, but once you go into your third year it all slots into place, and yes, a lot of it does. But it's still frightening to go out as a qualified nurse knowing that you are now accountable and responsible for doing it. One minute you're a student and the next minute you're a qualified staff nurse. You do need a lot more practice to give you the confidence; at least I feel I do.

I don't know whether it's because I've never had a whole load of confidence, though everybody, friends and people I know, say I come across as a dominant person, but I'm not really. Inside I haven't got that much self-confidence and I've always been the same in new relationships as well as going to college and university, I didn't think that I could do it, but

once I've done it, I thought "Oh yeah, I can do that". So I think the course definitely needs more in the way of practical workshops rather than so much theoretical stuff - especially the type of lectures we get; we've had so much on communication skills and models of nursing.

Okay, you do need communication skills, but I don't think you can teach somebody in a lecture how to be a good communicator. You can give somebody the basics, but again it's not until you go out there and you get experience that you learn to deal with people, you learn to communicate with people and in that respect I am more confident being an older student. I do feel as though I have got experience and I know I am a good communicator. I get along with patients and with other students because I've *always* got along with everyone, but as for sitting for hours in a classroom *talking* about communication skills, you don't need as much of it. Models you need, but when you put it into practice, it doesn't work out like that all the time and you don't need as much depth of it as what we have on the course. The majority of lectures I found okay; the life science ones, yes, you really need those; the psychology and sociology, yes, you really need those too. I just think there's been a lot of overkill on some of the lectures.

It makes it even worse if you're going into a subject that's not very exciting and you've got one of these people who just give you 'death by acetate' or who mundanely goes through something talking about it. The majority of tutors on the course have been okay and I have enjoyed a lot of the lectures. I don't know whether it's because I've done so much studying now and I'm getting tired of all the academic side, but when I go into a lecture that's a boring subject with a boring tutor, I just totally switch off, it's not worth me being there because it doesn't go in anyway.

Socially, the course has been really good, though. I've made a lot of good friends since I started there; my little group, who I got together with, have been on holiday together. We went to Turkey a couple of years ago and we're going to Gran Canaria this year. We've had camping weekends and we just sort of clicked from the minute we got together really, and we've become close friends ever since. Hopefully, once we finish the course and go your own ways, we're all determined to keep in touch.

The only fear I've had while I've been on the course is what's going to happen at the end of it all. I've tried that hard, what with doing a degree and courses and trying to get

somewhere, but it's always come to nothing at the end. I have had problems on the course: you know, getting a bit tired of the academic work, or wondering whether it's really what I want to do. I've just thought "well I've come this far, so I'll keep on going and hope it's all going to be worthwhile". I am eventually going to get something I want at the end of it, and now I've got a job. I went for the interview on the 3rd April. It was one of the girls who I got friendly with in theatre told me that there was a job going, and I thought "well I've got nearly 6 months before I qualify, but I'll go. At least it's interview experience, if I don't get the job well I haven't lost anything". When I went, I was so nervous, I really was. I got myself built up for things I would ask them and things about the job, but when I got there it was really relaxed and they didn't ask me the questions that I thought they would and it threw me a bit. I could feel my heart pounding in my mouth and I thought "I'm making a complete fool of myself here, I'm not coming over at all the way I want to." I was more nervous because there was somebody there who I knew. When I came out of the interview, I just thought I'd completely blown it, made a fool of myself, and there was no way I was going to get the job and two hours after the interview they 'phoned up and asked me, did I want the job? I just stuttered when she told me, I nearly fell through the floor, I just couldn't believe it. It was great. I'm really looking forward to it.

I'm finding it quite difficult now to keep my concentration and keep motivated because all I really want to do is just pass the time and start my new job. The type of thing that I'm thinking about now is what courses I'm going to do after this. I'm not interested in being out in the community. I'm out there now and I'm doing what I have to do to get what I need to qualify, but at the same time I'm thinking, I want to do an anaesthetics course when I get into my job. I want to do this and I want to do that; all sorts really. I'm not overly ambitious, I'm not one of these who wants to end up in charge of everything and be rich and famous! All I've ever wanted, really, all I've ever studied for, is a decent job with a decent wage; to be able to have a comfortable life. When I think of all the obstacles that have been in my way I really thought I'd never get anything I wanted, but now I've finally found something that I want to do and I've actually got a job in it.

I was so lucky getting a job that they were willing to hold open for five and half months, and I was one of the first students [in the cohort] to get a job. It was a real confidence boost, and it's made me realise that when they say fate has the dealing hand and things are

meant to be, I'm starting to believe that that is true now because all the experiences and the problems that I've had have made me the person that I am.

I don't think I've changed a great deal. I've still got a lot of the same beliefs that I used to have. My perspective on things may have changed a little bit, I'm not as sentimental and I'm a little bit more cynical through life experiences, but on the whole I think I've basically stayed the same all the way through my college years and all the way through my nursing. I think that's just the person I am, I don't think I'll ever really change a great deal. Everybody changes a little bit as they learn more and they have more experiences, but I don't think I'm every going to change to that extent.

I'm never going to become a different person. I actually think I've become a *better* person because of the experiences I've had; even though I might be more sceptical about some things, I don't think that everybody is the way they are because they've had a hard life. I think life can be a lot of what *you* make it. I've had struggles and obstacles in my way; I also know that it's not always easy for everybody. I think I've learnt to be more understanding and nicer to other people, I think I've learned that people usually do things for a good reason and you should never judge anyone else, we all have our faults and we all have our regrets. We all do things we shouldn't and we shouldn't judge anybody else by those things. Maybe that's one of the reasons why I do communicate and get on with people, I think you can tell when a person is judgmental or looking down on you or whatever and, hopefully, I'd like to think that I'm *not* like that. I know I don't come over like that and people tell me I'm not judgmental. I am just me and they take me for what I am and I take them for what they are and that's how I get along.

As long as I continue to get along with people and get along in life, I think that's the main thing really. I don't want to be in charge of this, that and the other or be the boss or the manager or whatever. I would like to go further, I would like to do really well. I'd like to do an anaesthetics course, I quite got into pre-operative visiting, so I'd like to start something like that off in the theatre. I'd like to become a part of what's going on and contribute towards it and maybe make a difference. I'd like to get to a higher grade and make good money. I've also got the same type of aspirations that anyone else has as far as my home and social life are concerned. To continue to have a good relationship with your friends, to hopefully find somebody someday with who I can settle down. I haven't had a lot of luck in that area.

Maybe it's my fault, maybe I pick the wrong ones; I don't know what it is, maybe I just haven't met the right one yet. The relationship I'm in at the moment, it's going OK, but I don't think it will last forever. Once I start work, make new friends, meet other people and go out to different places, then my social life as well as my career could change.

Basically, I just want to be comfortable, have a good job and be happy; the things in life that I think everybody should be entitled to. As long as I go through life knowing that I've tried; knowing I've done my best and lived my life the way I believe [to be] right; then I think that's *all* that matters.

CHAPTER SIX

ELAINE

The first memory I have from my childhood is when my mother had eaten some crab out of the shell, she took it out of the fridge and she was just picking at the crab when she laid down on the sofa and started being sick. I can remember running into the kitchen and pulling a stool over to the sink, the stool was nearly as high as I was, and I climbed up onto the stool and got a green mug and filled it with water. Then I got a tea towel and put it under the tap and put lots of cold water onto it. I got down off the stool and went into the living room where my mother was lying on the sofa, vomiting. I placed the flannel over her head and I kept telling her to drink the water saying "I knew you shouldn't have eaten that crab". I think I was about two-and-a-half at the time.

Another memory I have, is when I was about three; my mother had been making some apple sauce in a dish. I had picked up a spoon and it was serrated at the edge, like a grapefruit spoon. I tipped the spoon into the apple and was taking a spoon full of it when my mother said "Don't pinch the apple sauce!" I ran off with the spoon in my mouth and started to run up the stairs, as I ran up the fourth step I tripped and the spoon went up to the roof of my mouth. It was pouring with blood and my mother was hysterically screaming and telling my elder sister, who was five years older than myself, to look into my mouth at the blood.

My first day at school is still a clear memory. I was sitting in a very large classroom with nobody to talk to. My mother had given me a banana, I can remember getting the banana and getting under the table, and sitting underneath the table looking at all of these little pairs of shoes, and I unpeeled the banana and ate it sitting under the table.

I grew up in a family of four; there was my mother and father, my elder sister and me. When I was around 4 years old, my mother and father separated, then went on to divorce. This resulted in my sister and myself going to a boarding school. It was a convent boarding school, which doesn't hold the best of memories; the nuns were very strict and I didn't really

enjoy that school at all. We were privately educated, just for a couple of terms, we were really quite poor in actual fact. I can remember that my pyjamas were too big and I slept next to the light switch in the dorm, and this one night I had got out of bed to turn the light on and my pyjama bottoms fell down! This nun walked in then, she went mad and said I was a lesbian. I was locked in the attic every night after that; I was seven years old. That was my childhood.

My mam took me out of the school when she got established with her job and new house and found someone to look after me and my sister for an hour after school. I went to the local convent school, we're Catholics. I was one of those kids who would just sit and daydream and look out the window. I always wanted to be a nurse when I grew up. I mean, I cannot remember *not* wanting to be a nurse. But at school, I just sat and farted about, never did anything. Then came the '11 plus' which needless to say, I totally failed. So, off I went to the local secondary modern school. It was going 'comprehensive', so there was a massive change. It seems every time I go and do courses, there seems to be a change.

The kids I knocked about with didn't want to work, we would just carry on and 'wag off', so that was it, I played truant from school. At this time my dad had come back to my mam, and they had this relationship between them again; it was marvellous, he'd come back after 9 years. We were asked if it was okay by us, and my sister by then was 18, [and] didn't want to know him. But I wanted this dad, I wanted this proper family; he had money and was a good worker. So this meant we would have money and we could have nice things. Mind, it wasn't just for the material things, it was just to have a dad. When he came back, my sister left home.

I hated school, I was right in the bottom set, I couldn't get into anything and we just used to play truant all the time. From when I was 13, I think I may have had only about 40 days schooling until I was 16. We even had to go down to the civic centre, where they threatened to put my dad in prison; but I still wouldn't go. I then came up with this plan where you get your mark, you even get your dinner ticket, you go back and get your dinner and you go home. That was it; I could scarcely read and write when I left school. I got a load of dead end jobs, but always there was this thing on my mind. One day I'd go to college and get some 'O' levels, because I wanted to be a nurse.

My adolescence was really quiet (apart from truanting from school). I was really helpful around the house, I used to cook the tea and tidy up. I had my friends and we used to go to the local youth club, just the things that normal adolescents do. I had one or two boyfriends from the youth club, nothing really serious. The first serious relationship I had was when I was 17 and that was with the boy who lived opposite. He was very nice, he was 21 and he had a lovely left hand drive Opal GTI sports car. When it ended, I was really upset, he had been seeing his cousin. After that I just went out with this one and that one, some of them were more serious than others; it always seemed to be me who was more serious than they were.

I had some crappy job somewhere, when my mam and dad decided to buy a cafe, and I worked there; it was doing really well. But when I was eighteen I applied to St. Nicholas' [psychiatric] Hospital for a job as a support worker. I had always wanted to do my training but I never had the 'O' levels. After about five years of working there and a couple of really dodgy relationships, I met my husband, Maurice. We were planning to get engaged and I thought, "right before we do it, I'll leave St. Nick's, get a part-time job and go to college." I had a nice little red sports car; to be honest I didn't pay board or anything to my mam and dad, so I left the hospital and went to work in some shitty day centre, with the intention of going to college. The next thing I know, I couldn't even afford to go on courses and the red sports car went. So after leaving this bloody awful job, there wasn't anything left; we decided to get married.

Looking back, I could never do anything right in my dad's eyes, so I got married and was pregnant with my daughter, Gemma, and was really glad I could give him a grandchild. Six days before she was born, he had a massive heart attack and died. I was really looking forward to showing him my baby. So that was it; he was gone. I worked for a nursing agency as a support worker for a while and then I got another job at St. Nick's on an acute and chronic depression ward; I was really interested in it. I was getting on really well with the people on there and I was doing a good job. I would watch the newly qualified staff nurses, twenty-one years old, coming in and there was me: going nowhere. I would see them on their first day of training, and they would come on the ward and were just crap with the clients. I was having to calm people down for the crap they'd done. They would come back after three years and tell me to do this, that and the other. Anything I had to say just wasn't valued and I'd had enough.

I went to college and did a BTEC. It was really good, a really enjoyable course. I met loads of really nice people who were a lot older than me. I was doing really well and my grades were good. It got me started reading books to get information. I couldn't stop reading and the more I was reading, the more I wanted to read. I found it difficult, I have a diverging cast in my eye and although I was having it corrected, I still found it a real chore. I can only read a few paragraphs at a time and then I have to have a short break and return to it. I had never read for enjoyment. Some people will say they read novels or whatever in their spare time, I never did that. My husband would say "come on and have an early night" and I would take my books; there I was with *Lyttle's Mental Disorders* and him with the *Evening Chronicle*. I went everywhere reading and I'd never, ever enjoyed study before. Well, I'd never really studied before. I was really into that course when I found I was pregnant for the second time. It was a disaster, it wasn't planned and there I was thinking "what am I going to do?" Well, I worked it out, she was due in the summer holidays after the first year, which meant I'd be back at college in the September.

To be honest, if it was going to interfere with the course, I don't know if I would have had her. She was born two weeks before college began again in the September so I didn't have to have any time off. By then I decided to apply for something a bit more taxing because the BTEC wasn't really stimulating me. I thought I'd get some preparation for this course, so I went and did a certificate in counselling at Tyneside college and I really enjoyed that. At times it got to be heavy going, because the different deadlines at the same time, but I seemed to thrive on it. The more I had to do, the better it was.

Before starting this nursing course, I went for an interview for a social work course. Maurice wasn't happy, but he never really said anything. Mind, if he did I wouldn't have took any notice anyway. Anyway, the morning of the interview, I got up early to get the kids ready for school and he just stayed in bed. So, I went upstairs to wake him, because he had work, but he said "Elaine I feel ill, I can't get up". So I said "Well, what's wrong?" "I don't know, I feel sick", he said. Well, I cursed him, because I had to cancel the interview. I took the kids to school and when I get back, there he is, large as life, fixing a car on the drive. "Feeling better", he said.. He tried the same trick when I came for the interview for this course and I thought, "you can die this time, you bastard, but I'm going to that interview". He didn't speak to me for a week.

I really enjoyed working in mental health, it's all that I can see. When I look at myself and work, it's always working alongside other people, especially people with mental health problems and physical problems. So really, why I chose nursing speaks for itself. From being an early age I expressed wishes of wanting to be a nurse; and then working as a nursing assistant, I always wanted to train and qualify. I can remember, I was so desperate to be a nurse, I used to lie and tell people I was an SEN in mental health nursing. I got caught out once. It was really embarrassing, I had to admit I was only an auxiliary.

I never had the formal qualifications to get in to do nursing. Why I think I was particularly drawn to nursing is because I'm a 'people' person. I love people. I mean I don't *love* people in *that* sense of the word, I mean I'm very interested in other people. I enjoy interacting with other people and I get a sense of satisfaction, and also a sense of self-worth, if I feel as if I can help someone along the way. That might sound corny, but I really do get something from that. Even if I'm just standing at a bus stop and somebody starts telling me their problems, I really feel quite privileged that they are opening up to me about it.

The BTEC was my ticket onto the nursing course I'm on at the moment. To be honest, I've been thinking about this and I find it [the course] very difficult. I don't know that it's so much that I find the work difficult because I understand the questions that I'm asked to do when I'm doing assignments. Also when we're in class and we do group work I always participate in it and I always say things which are valid, you know people will go, "Oh yes, that's a good idea Elaine, I didn't think of that." But I think it's the time, it's my own personal time to invest into doing the work for the course. I feel as if the course isn't geared towards mature students. It's all geared towards the younger students inasmuch as, sometimes the way that the tutors talk in class, you know, they can be quite patronising or condescending. I didn't expect it to be anything like it was. On the foundation programme you would get lecturers coming in and saying, "when you go home and tell your mams and dads tonight" or "Christmas is coming so ask your mams and dads to get you a computer!" The younger students get more support; it's as if mature students are old enough to be able to get on and they should know what they are doing.

I think the best clinical experience I've had has actually been working in the community, which I've thoroughly enjoyed because I've had my own caseload. The place where I was at, I was very much left to just work on my own initiative. They gave me loads

of autonomy and I was able to exercise that autonomy with the clients that I worked with. They [the clients] were actually really quite difficult, which my mentor had written in my report, that I worked with some very difficult clients; however I'd managed to build up very good rapport with them in a relatively short time. I found out a lot of useful information which actually changed the diagnosis on one chap in particular and I feel as if that was a real good experience, working in the community.

One of the low points was perhaps working on a general ward for infectious diseases during the foundation programme. I think it was all the hierarchical structure of the ward and I felt that because I was older, as if I should have known more than I did and that was really bad.

How do people see me? I think it depends on which people we're talking about. I think people at college see me as being the joker and a scatterbrain, carrying on and not really that serious. But one or two people have actually said that they think I would make a good nurse. Professionally, when I'm actually on placement, I feel as if people see me as being fairly confident and able to manage; mature. The placement that I'm on at the moment, I get on extremely well with everyone there. People at the placement see me more as myself, I can carry on and say silly things, they always ask me to go out and they laugh at my jokes, but I think they also see me as being quite serious. As I say, they give me a lot of responsibility and autonomy, I'm going back there in a couple of weeks; they treat me as part of the team, which isn't always the way that it's been at other placements.

My estranged husband sees me as being like a robot, because he says that I speak like I was reading out of a book. He says that I'm very, very serious, that I don't carry on and just can't lighten up at all. He used to say he wanted the old Elaine back, and I'd say to him "she's dead". He also sees me as being inadequate as a woman, he says I'm not a very good cook and I'm not very good at cleaning the house, my domestic skills are no good at all. He probably thinks that is the worst insult he can give me as a woman. Really, I think he just sees me as some inanimate object, that's probably how he's seen me for a long time.

I think I have changed, I think now I'm able to express myself better than I could; I think I'm more articulate and I recognise the feelings that I'm feeling. I also think that I'm able to identify these feelings and I can actually speak up about them. Take this situation at

home; Maurice is moving out very soon and really if I was honest I would say that I've felt like this for a lot of years, but I've never been able to really put my finger on why I felt so frustrated or unhappy and discontented. Now I can do that, I think I'm more assertive now and I'm more confident than I ever was. That's down to the course. It's got nothing to do with the theory we've learned, that's really nothing to do with it. Perhaps it's to do with acquiring more knowledge and being able to see situations in broader terms and other viewpoints that has actually broadened my horizons. I am now able to look at things more constructively and objectively and really sort out what it is that I want; and what it is that I *don't* want.

I've got rid of a lot of the assumptions that I used to have, they have now been replaced by new ones. I mean, assumptions of my world and the way that I see things; my values and beliefs are relatively the same as they were. However, I'm now more aware of them and prepared to give up things that aren't accommodating them; like Maurice. I think that my attitudes are basically the same in some respects, but then in other respects I think that they have changed as well. I have prejudices; I think I should work on these and question them. I have actually got rid of a lot of prejudices that I used to have, I think that's one of the reasons why I find it difficult, this relationship with Maurice. It's because he is quite racist and I don't think that I was aware of that before I started the course. You know, he'd often tell jokes about racist issues. Now I just find that really offensive, and he knows that and he still does it. I do tell him, but I might as well be talking Japanese.

I think that I have certainly changed a lot. I've known one girl in particular since I was about 9 years old and I thought I would always be friendly with her. But I must be honest, as time has gone on we have drifted apart. Now, I hardly ever contact her by telephone, I'll drive past her house and not even call in. I probably see her four times a year, whereas I used to go out with her regularly. I feel now, when I go to see her, if she's saying something which she thinks is funny, I'm paying lip service to it; I feel as if the whole content of the conversation is not the one I'm wanting to have. I'm bored with it and to be honest, I wouldn't go out socialising with her now, and I used to go out with her regularly. I think if I was to ask her what she thought of me now, I think she'd say I'd changed.

Another friend who I've got, who I've known for a lot of years, and who I'm still actually very, very friendly with, says that she thinks that I've changed. She didn't say in

what way, though. I think my attitudes and aspirations for the future have all changed. I don't know so much that it's that I've actually changed, or it is the fact that I'm just more aware of what I want. I've acquired more assertiveness and because I've acquired the language to express what I want, the facets inside of myself that have always been there are just actually now being allowed to come out. I think that's probably it, because I think on the whole I'm still Elaine; Elaine's Elaine. What I do like to be, is me. What I've found over the last few weeks since Maurice and I have gone our separate ways, is that I'm now getting my identity back. I'm going out and I'm meeting complete strangers who know nothing about me and they are talking to me as Elaine; not as Gemma and Chelsea's Mam. They actually talk to *me* as Elaine. I think that's really good, so yes, I have changed a lot. I've let things come out of me that have been suppressed for a lot of years. I think had I not done this course, these things wouldn't have been allowed to get out. I put it down to confidence and self-awareness.

I spent years of my life thinking I would fall apart without the support of my husband. The best thing that happened to me was realizing that I wouldn't. Things are really difficult now, but there's only a few weeks left, so I'll have to stick it out. I've got an essay to resubmit and I really have to say that I feel depressed. There's no support from the tutors; God knows how some of them are working in mental health. I hope I never get like them.

CHAPTER SEVEN

KAREN

Earliest memories? I suppose the best thing that I can say about that was going away with the family a lot when I was younger for six weeks holiday. We were always out and about, caravanning or doing something; going somewhere. Very happy times, very good times actually. Loads of uncles and cousins, I don't really have many bad memories, it's all been pretty good. I have to say in childhood, I know that I was my mother's favourite. We still get on very, very well now, actually, always have done with my mam. We've never really had any major bust ups or anything like that. My dad was always a bit of a twat; there was me, my sister and my brother. My sister's older than me and my brother's younger. Dad used to always put him on a pedestal, because he was *his* son, *the* son, the son of the family. That used to really piss me off at times because dad used to do everything for him and sod all for me and me sister; like picking us up or dropping us off and taking us wherever. He would always find some excuse not to do it and consequently we used to end up running or walking home very late at night on our own; but he would pick my brother up, no bother. So I suppose that's one thing that really does stand out in my mind. Needless to say, I'm now 29 and he still hasn't friggin' changed. You know, my brother's 25, and he still drops him off here and picks him up there.

I see my family very regularly, my mum's about 10 minutes away and my sisters about 15 minutes away in a car and of course my brother still lives at home! I see my mum a couple of times a week and my sister at weekends. My brother's down here more often than not, he often sleeps over and we're quite close, really, to that extent. My and me sister did have a bust up a year or so ago which has been I suppose one of the biggest we've ever had. I'm talking about apart from when you're young and growing up together. But this was a biggie, she's got a little girl who is 6, our Laura, and basically she's just crap at disciplining her. It was resolved about 3 or 4 months ago, but we didn't speak for a while. The air was cleared and I still feel I was right in that issue, but never mind we'll not go into that here.

Me and my mum are still pretty close, as I've said, but funnily enough when we had that bust up I was very hurt and upset with my mum, because I was 'piggy in the middle'. I used to get her side of the saga and then I used to hear my sister's side - both sides. Then, I don't know, one night it just all blew up. I was very hurt with my mum because she denied what she had said to me, obviously to keep the peace with my sister and not lose contact with her only grandchild. But at the end of the day, you know, me and her had a bust up about it. That's the first time I've had a one with my mum in my life. I'll never ever forget that; never forget that she didn't back me over that row with my sister. Even now when I think about it I get extremely angry.

As I say, I had a fairly happy upbringing, I can honestly say that. Pretty strict at times, I went to a catholic school; my mother is a catholic and my father isn't. Mum was the one who said when I had to be in for a certain time, at the time you don't really understand or see why, but looking back now I can see why she did it and I'm pleased she did really. Because at least it's taught me ground rules, so I'm pleased she did do that, really. My father just couldn't give a shite, it was my mum that was the rock.

I suppose in one respect I was a 'rip', I was a tomboy, off with the lads; but at the same time, I'm not blowing my trumpet here, but I've always been quite sensitive. I've always thought about people's feelings, you know, about not hurting people and not wanting to fall out with them, especially my mum. I would hate to see her upset or anything or doing without things. I've always loved animals too. I've had animals since I can remember, I've got three dogs now and I'd have more if I had the space, but I've always been an animal person as well, you know.

At school, I was a bit of a bugger, I was always getting caned for smoking in the bogs or something like that, or detention and all that. I just never concentrated really. I was a talker, believe or not! There was always me and my best friend, I've known her since I was seven and we were in the same class and grew up together. We were always in trouble, we were just the laughing stock of the class. Half of the time I was branded thick at school and told that I would never do anything or get anywhere. [I was] always talking in the class or daydreaming and not getting work done; I used to do my homework on the bus going to school. I did a very good time actually.

At school I was never one for knocking round in a big crowd, I was always a one for having one or two close friends and that was it. I'm very much that way now, I'd rather go out with one or two as opposed to a big group, because I hate going out and not being able to mix with everybody, I don't feel that I can spend enough time with individual people. I just know that I feel comfortable, I feel better when I'm with just one or two people. I had a few relationships; one with a lad off and on all the way through school, and ones in between. But I went out with this lad for quite a while, but got I shot of him, I had my life mapped out. I met John, who I went out with for eight years, he was dead canny. It sounds so unbelievable, here I was engaged to this guy and I remember waking up one morning and just thinking to myself, that "what the fuck am I doing?" Poor guy, I didn't love him at all, you know. I mean, I could have stayed with him and had a good life, but when I really thought about it; in fact I didn't even think about it, it just came in a flash. There was nothing there for me, so I finished with him. It was quite bad, because he didn't want to finish the relationship, so that was a bit of a bad phase. He followed me around and waited for me and 'phoned; it wasn't very nice, but anyway that was over in '92.

I went out with a couple of blokes in between, I have to say, both of whom were married. I was single and I had no qualms about it, maybe I should have. One of these men I was going out ended up leaving his wife. But then I met Richard (this is the guy who I'm married to now) and that was another bad break-up. I met Richard in '94 just before I started the nursing course, so I've known him three years now and been married for nearly two and that's had its turbulent times too. I suppose all relationships do when they are starting off, but believe it or not, we've just had another argument now, but we'll not go into that. Let's just say he's a shite, and a lazy shite at that. I suppose with Richard, yes, I do, I feel very happy, all in all I know I can't have everything with him, I've got my bad points too. We went through a very rocky stage at one time and, honest to God, I nearly threw him out, but I'm sure that maybe a lot of people go through that early on in a relationship. At the moment it's hunky dory really. It's got its ups and downs, but it's fine.

I left school at 16, with nothing, basically. Well that's a bit of a lie, I left school with 4 'O' levels which I just cannot believe I got, to be honest. My mother was shell shocked, but that was that, and that was the stupid thing because I knew that before I left school that I always had this thing in me that I was going to be a nurse. I knew when I left school that I was going to have to do something, so I went to college and I did a pre-nursing course and all

my 'O' levels which I passed. Then I did another year full time, which was a secretarial diploma, because I was unsure about which way I wanted to go - either nursing or clerical - so I did them both. I got a job in the personnel department at 'De La Rue', which is an international company. I was working with people, which I absolutely loved, there was 1500 employees at the time. It was a very busy office, and it was really good. I started there in '87 and I was there until I went into nursing in '94. I have to say I was very happy there.

I had a lot of happy years, I met a lovely group of people who I worked with, who I used to go out with socially; it was just absolutely brilliant. I don't regret going there at all, it's left me with a lot of good experiences and happy times. I left there to go into nursing. While I was still at De La Rue I underwent a few college courses, 'O' levels here and there, an HNC in business and finance and an 'A' level in psychology. I suppose doing the psychology was the turning point because my boss had wanted me to do a degree in business and I knew that my heart wasn't in it. So I applied for nursing; and that was that.

Mind, saying that, it sounds a lot easier than it was. When I was working at De La Rue I had my own house. I had bought it when I was at 21, so there was a lot of things for me to consider. When I first looked into it I thought I would only be going to get a grant, there's no way that I could have done it; no way, not with my mortgage and bills. I just couldn't have faced going back home, but at the same time I didn't want to live with anybody because, quite frankly, I liked my house to myself. As it happened, we were on a bursary, it's a bit more than a grant and that's what swayed me. Also, my boss did a great thing for me, he helped get me a redundancy package from De La Rue, which is what basically secured that, the nursing aspect of it anyway.

What has adulthood brought me? I suppose in a way with having my own house at 21, I've always been, I suppose, a bit old for my years in that respect. I've always planned ahead, I've never thrown caution to the wind and done whatever I've wanted to and not thought about the consequences. I've always been a planner, and not just in respect of being a home owner, but also in terms of insurance policies and stuff like that. That's just the type of person I am. Sometimes I could kick myself, I've never yet been on holiday with the girls, because I suppose at 21 I had my house, and that was my priority. I wanted to have somewhere of my own, where I could go home and have friends round and do what I wanted to do and not have to answer to my mum and dad. Not that I had such a bad life, that I had to

answer to them. I cannot really describe it, I must have just wanted my independence. I don't regret that at all, I love having my own house and I wouldn't swap that for the world.

I'm very practical, you know. Instead of going out and blowing money on a holiday for example, I'd rather save up and get myself a piece of furniture. I know that sounds pretty sad, but I can always say now that I'm 29 I have all my furniture! Getting back to my dogs, I love them, you see, I just couldn't leave them. I did it once and I was ill, I went abroad for two weeks, this was just before I bought my house. I've only been abroad once and, basically, I don't really want to do it again because I hated leaving my dogs. I had to leave one with my mother and one with his mother and it was just a bloody nightmare. So now, whenever we go on holiday, I take the dogs with us, we go to Scotland or touring around.

Why did I go into nursing? I think I said before about not wanting to sounding too corny, but I had the 'calling'. It's something I always knew I would do. It's been ever since I can remember to be honest, and I knew I had to do it. I knew that I wouldn't be happy, really, in my life until I did it. I mean, whether I stick at it or not in the future is irrelevant in a way, because at least now I know I've done it. I've been there and it's my choice if I carry on. Not having the choice and not doing it is something that I wouldn't have liked.

My impressions of the course at the moment are that I'm very disillusioned. I don't know why, it's hard to say, really. It's hard to know what to expect when you're going on a 3 year course. I still feel now that the first 18 months of the CFP were totally irrelevant. Don't get me wrong, I have a better understanding of the human body and things like that, but at the end of the day I still say that mental health nursing should have been a separate thing right from day one. It's okay for Adult Branch students: when they're nearly qualifying they can probably put a lot more together than what I can, it's all relevant to them. But for me, I just feel I'm not going to clean tracheostomy or change a stoma bag when I'm in mental health.

I feel confident in some areas, but not in others and I know that's probably the same for a lot of people. But I don't feel as confident as what I would like to feel, and I thought I *would* feel confident at this stage. One major thing that springs to mind are people taking the piss, the ones who don't come in and do whatever and suit themselves. At the end of the day, it's their qualification, but that's the other thing that really annoys me, because if I was to piss off for a day I'd probably get caught out and docked the money, *and* I'd probably have a

genuine reason for it too. I don't like the idea of being treat like a child as well, which is what happened at one point with the registers and shit like that.

Teachers and teaching are more or less the same thing, it's all tied in. Some of them are excellent, you know, really good and you can see that they enjoy what they're doing. But a lot of them just couldn't give a shit and it shows. I can still remember the ones that I do like and the ones that just weren't bothered. Some of the topics were interesting and I found them relevant, but, as I say, in the CFP, a lot of them weren't. Some were excellent, because when they went into do a class they'd bring fun into it. Have a bit of a laugh and it used to make you feel more relaxed. Some lecturers would come in and they'd be 'straight as a die'; just no give in them at all.

Clinical experience has had its high points and low points, I've had some good experiences on the ward and some bad. I'd like to tie this in with how people see me and treat me. At the beginning of the course it was pretty crappy; on one hand as soon as people found out that I was a mental health nurse it was as if the barriers were up. You know what else I hate? I hate the stigma of being a student. I had a run in when I was just starting off, this woman came in on the 'gynae' ward where I was and I wasn't allowed to go in and see her! I pulled the Sister and I had words with her. I just said that I didn't agree with it, you know? So, we had a bit of a 'hoo-hah'. I remember the Sister, a young lass at that, believe it or not, who turned round and said "well you'd better close your ears because I'm just going to totally slate *Project 2000*" and she went on and on about this, that and the other and how shit it was. I could have just turned round to her and told her to "fuck off", but I didn't, I kept a civil tongue in my head and didn't say bleet. I've really enjoyed my mental health placements, I loved the acute placement and I liked 'rehab'. It's not the place I want to be, but that's where I'm looking for a job because I want to work in the community ultimately, and to work in the community, you've got to work in 'rehab'.

I've met some nice people and been out on nights out as you do with people, and it's been really canny. The only thing is, people will say to you "Eee, howay and pop back and have a coffee" and I'll say "Aye, all right" and I never do. I feel shite, but how can I go back for a coffee when I've got nothing to talk about? I've just known them for two or three months and I don't want to go back. I should really, I should make the effort. But it's not as if I've known them for years.

I don't know whether I've been treat differently because I am a mature student. I've had references and things from my ward placements which have said how much experience I can bring and things like that; how open minded I am. I don't know whether that's got anything to do with my age. I've lived a little, if you like, as opposed to being like 19 or 20.

I'd like to think that I have changed; I'd like to think that I am more open minded. I do weigh up things more than what I'd done before. I don't really know *how* I've changed. I wish that Richard could say to me, you've changed here, Karen, and you've changed there. But he can't, you see, because I met him at the time of me starting my nursing. So really as I've grown in my nursing, I've also grown in knowing him too. My knowledge has obviously expanded as I'm learning new things, and I will say one thing. Whenever I have an argument with Richard or something, which happens quite frequently, he will turn round and say things like, I'm speaking like a "fucking psychologist" or something like that; that I analyse everything now and I'm looking for things that aren't there - "Karen you're looking for things that aren't there" and that type of thing. I suppose in that respect I'm more aware of what's going on now. At one time, if we had an argument, I would always try and get to the root of it; but even more so now. I look for things and if there's a problem with somebody, a friend or whatever, I'll always look for how Carl Rogers would have dealt with it. I have to say, I do, I go into a counselling mode; I should charge 40 quid a session!

I can come in and I'll actually think about what I've done, reflecting on things, I will. I'll come in and I'll sit and mull over things that have happened through the day: how I've handled things or what situations have gone on. I do actually look at other nurses as well, when I'm working with them I'll think to myself "fuckin' hell, I hope I don't end up like her" or I'll say "God, her attitude stinks". But you know, I think there's also part of me that's frightened I'll become too complacent. I just hope that when the time comes for me to get a job that I can get one in a good working environment, because I love to have a good time in me work. I'd hate to think that I go there to work and then that's it, and I come home again. I like a good laugh, I think you've got to when you're there for such a long time.

I remember when I first started I had fancied something like forensic psychiatry, which I thought would be challenging and different. I still do, don't get me wrong, but now I know I'll never work in forensic. I'll never work in special care either. I think it's because you don't really know what it's like until you've been there. It all looks good on these

'Morse' films but when you're actually going in, and everyone's all locked behind bars, it doesn't appeal at all. I'm very much a 'people' person, I love talking to people, and to think that I couldn't spend time with people is very sad and that happens all too often. I've been on wards many times where there just isn't any, you're too busy answering a 'phone or running to get this, or doing that, and people are passing you by; you can go hours and hours without talking. I mean people go whole shifts, and I mean *whole* shifts, without talking to the patients. How the hell can you assess a patient and do whatever you're supposed to? I know it wouldn't be me, I'd probably end up in the shit with paperwork, because I would still go out and talk to people.

If I really think about it, the only reservation I have got is that I hope I'm good at my job, I really hope that I am. I want to be good, it's down to this confidence thing. I still think now that there's a lot of stuff that I just don't know and that I want to know, but I just can't seem to get me head around it all. I mean, I'm sure it will come together through time. I couldn't work on special care forensic because, quite frankly, I find it too aggressive and that's probably the nitty gritty of it all. I couldn't work in a place like that, I like an atmosphere where it's relaxed and where I get a 'buzz'. I couldn't become complacent and just bundle along and then think "What the hell have I been doing for the past 10 years of my life?"

Part of the reason I want to go into rehab is that I want to work in the community. I love that. That, to me, is my 'buzz'. I think I can manage my own time and I can work well on my own. I don't know really if that's part of my problem. Well, not a problem as such, but, like I was saying before about not really liking large groups, I prefer to be on my own or in a very small group. I do feel that I work well on my own and I did so when I was in Personnel in De La Rue's. I worked for a big company, I loved seeing people come in and out. I may have worked as part of a team, but I was predominantly on my own. I loved it that way, nobody told me what to do and I just got on with it. I know for a fact that I couldn't stick working on a ward; I still say it now and I think I've always said it. I've always wanted to be in the community, I feel it's a better relationship and, as I say, it boils down to this time factor, doesn't it, having actually spending time with people? The thing I can't stand is this hierarchical shit, bowing down to the doctor and one thing and another. I wouldn't do it anyway.

• I'm looking for a job now; I've actually got an interview in July for 'rehab'. I would really have liked to stay on and do my degree in community health nursing, but I can't because of my mortgage. It's a two year part-time thing, and it would mean trying to find a part time job to allow me to do this degree, and, basically, who's going to do that? So unfortunately, I've had to knock that on the head and look for a full time job. I would hate to think that I still want to do the degree but couldn't do it because of financial restrictions. But I would still like to do it. The only thing is, I'm 30 in November and I think I'm getting on a bit now. Once I get a full-time job I'll ask my employer to see if they would fund me to do a degree. That's definitely what I want to do in the future; I want to do a degree and I want to work in the community.

But apart from that, I'm still disillusioned with nursing, in a sense. It's not what I thought it was going to be at all. As I say, it's very hard to put my finger on and say what I'd expected it to be; I just know that it's not. I don't know where I'm going, all I can say is it would be really interesting for me to come back in two years and see what I'm doing.

One thing that I did feel I wanted to go back over was how people treat you and how people see you. On my last placement I was out with a colleague, a therapist, which I have to say I thoroughly enjoyed. I don't know if that was because it was in the community or what, but I had my own case-load and I loved it. I had eight clients and although I had my mentor, he was very busy, and so really I mainly just worked on my own. I met up with him occasionally for supervision, to see if there was any problems and where I was going, how therapy was going and things like that. I remember him saying I was a very responsible person and, because of that, he let me get on and get out with people. So, early on in my placement, after he thought that I had built up a good relationship with the clients, I was allowed to get on with it. He had this trust in me and gave me the responsibility to go out and do the therapy with these people. I don't know if that's got anything to do with being older. It gives you confidence, and to think to yourself, "well yes, I *can* do it".

CHAPTER EIGHT

ISOBEL

My mum was in labour for 3 days, I was only born after the flying squad were brought out; I was dragged out by the face, cut across the throat. My father was told the baby was dead and they would try and save my mother, who needed a lot of blood. I don't remember any of that, thank goodness, and I would hate to go back over that birth because it sounds very traumatic. The first thing I *do* remember is my sister being born and just seeing a baby with lots of black hair appear in the cot. She'd been born at home, overnight, and I didn't know anything about it. We were living in Scotswood, my grandma lived in the next road and the street which was below the street we lived in was split in two by a main road on which there were very few cars. I used to go down the back lane on my bike, and stopped by going down on my knees, so I always had grazed knees.

It's difficult to know when you've been brought up in a family, what you actually remember; what your earliest memories are and what you actually remember, because you've been told it. We always had lots of photographs and we would go over them, and because I've got three younger brothers and sisters we were explained where this was and who that was. So I never know if I actually remember things or whether I just remember being told about them. But we were a very happy family because we were a very close family and we did everything together. If we went out, it was as a family. My parents never went out alone together; we went on holiday together, we always had caravan holidays, camping holidays and we always filled the days and the sun always seemed to shine, although I'm sure it didn't. We were a very close family. My father worked very hard in a factory and he always worked all the overtime he could get and if he had to go away to work, it meant extra money; so he always went. My mum just looked after us and we were very happy together, and still are even now. They're 70 now; they have been together for such a long time

I can never remember being jealous of my brother and sisters. As I say we're very close, although I'm not as close to the older of my two sisters. My brother is 11 years

younger than me and my sisters are 9 years and 4 years younger than me; I'm the eldest. My brother works in computers, my youngest sister is in NHS management and my other sister doesn't work at all. She just stays at home and looks after her husband and her dog, and she's very happy doing that. They don't have much money, but they're very happy because they live on what they've got. She's not a very materialistic person.

I was a very shy child. I went to school when I was four-and-a-bit and I hated it. My mum went with me every day, brought me home at lunchtime, then took me back to school after lunch. If she hadn't I probably wouldn't have gone, because I did *hate* it. With being shy, I was bullied a little bit, but not the kind of bullying that goes on nowadays though. I think it was because I was so small, I was tiny. I think it was bullying, anyway. It didn't put me off school because I hated it anyway. I went to a nice little primary school in the village where I lived and then I went on to grammar school and made new friends in the area. I still hated school, especially maths. I worked reasonably well there, and left when I was sixteen-and-a-half. I worked in a library at first and then I went into the Civil Service. I gained an entry into teacher training college when I was 20.

My husband didn't like my father and he changed my opinion of my father. So I thought that he had been very domineering. My mum never argued with him, she never argued with any of us, she would rather make up than argue. I always assumed that that was because my father was so domineering, and recently, over the past few years, I've discovered that he's not and that I love him. I don't think he could be a domineering person, he would just do anything to help people and I'm glad I found that out since I was married for 20 years from the age of 21, not very happily. I wanted children, he didn't, I had children and he didn't really, because he was never involved with them. Then, when he started up his own business, *that* became his baby. So he would have enjoyed that, found a new life and because I wasn't independent of him, he decided that he would be independent of me completely, by divorcing me. He went off with someone else and married them, but that's not lasted seemingly. He still seems to dominate my life.

When I was a teenager, my life was really happy. I don't think there was such a thing as adolescence then. The 1960s and early 1970s were the best years for being a teenager in, all that hippy flower power, it was brilliant. I had a friend then, we always wore the same clothes, we had the same make up and would always ring each other to make sure we had the

same colour jumper on when we went to the *Oxford*, and wore the same clothes when we went to the *Mayfair* and so on. We had a brilliant time. The only time we fought was when we went on holiday together. We went to Torquay, Skegness and Jersey, but we usually ended up in an argument after about five days because we were always in such close proximity to each other 24 hours a day.

Then I went to college when I was 20 and I was with my ex-husband from then on really. I lost contact with my friend, because they didn't really like each other. Then, I got pregnant, I had an abortion and then on this very day, he asked me to marry him. So we got married a couple of months later and I made up with my father and started speaking to him again. He came to the wedding and because they wouldn't take a cheque at the register office, my father paid for my marriage licence.

In our marriage I was the leader, probably because I came from a steady family with no divorce and his parents were divorced and lived in a council house; my parents had always owned their own home. That was what I wanted too, so the money I had saved, I put down as a deposit on a house. We both worked full time. I went back to the Civil Service because we needed to pay the mortgage and then when I was 26 I had my first daughter and left work, then went back part time. My mum looked after Tamsin, but that didn't work out as my husband didn't like it; he said it wasn't fair on Tamsin. So I had to give up work. Then 3 years later he made me get a job in 'Boots the Chemist', which I hated, but I'd thrown my career away in the Civil Service because he wouldn't let me even work part time. I could have negotiated my own hours, because my boss was so good to me, but he wouldn't [let me] do that; he wanted to be boss.

I had three miscarriages before I had my second daughter, Holly. He always said it was my fault; that because I'd wanted a miscarriage I'd had a one. Then Holly came along at the same time as his business came along. Holly was a screaming baby, who had colic for three months. That didn't even give me a chance to iron a shirt; my mum used to do the ironing. Holly wouldn't go to anybody, she wouldn't go to her father, she wouldn't go in her cot, she screamed as soon as you put her down; but she was the baby I'd always wanted. I can understand how desperate women get who can't have a baby at all, because it becomes the only thing you want in your life, an obsession. It's not very good for the baby and it certainly wasn't very good for Tamsin, because I'm sure she got pushed out from the moment Holly

came along, especially as she was such a clingy baby. My husband wasn't there, he was always at work from 9 in the morning until 9 at night. I think she really did feel pushed out.

I had loads of blokes before I got married and I still don't know why I ended up with that one. My mistake, never mind, I was always a sucker for a loser obviously. I found relationships when I was a teenager very easy to make and break.

When Holly was four, I did my City and Guilds 730 and I tried to get back to work but I found it pretty difficult. I did an updating on my teacher training and that was when he decided to leave. So when he left, obviously, the world just fell apart; we had a £100,000 house with a £50,000 mortgage on it and I had no income. He said he would see me in the gutter and without the children. When he left I sold the house, got a mortgage on a new house and then I had to find something to do for the rest of my adult life. Something that would give me an interest; more than just a job with a pension at the end of the day, so I looked around. I couldn't get back into the Civil Service so I did some re-training. I did word-processing, which I actually hated and I worked for the Family Conciliation Service which did me the world of good because all the women who worked there were divorced; and also of course women come into the Conciliation Service for help with problems much worse than mine. It taught me to sort myself out and put things into perspective; I had the children to carry on for.

I was at my sister's house one summer talking about the future. I talked about nursing, she'd been a nurse and she is now a Nurse Manager. Then, a little later Holly had to go into hospital again because she has asthma, she has had it since she was two. On the children's ward in the hospital they seemed very relaxed, which was nice; different; and they also seemed very short of nurses. I ended up running up and down the ward during the night, stopping little boys crying and giving little girls nebulizers etcetera; and I realised again how short they were of nurses. So I talked about it again with my sister, and she said "Apply!" So that was it. I needed a job and this was just the job I desired. So I applied and got an interview, but then didn't expect to get through the interview because there were too many of us for the places. I didn't see why an old woman like me should get on and then I got a letter saying that I'd been accepted.

I didn't know whether to tell them about the medical problems I've got, because they might have taken my place away from me if I had told them. I was in a dilemma, but I was truthful and honest and I told the doctors at my medical that I did have problems. I was still accepted so that was perfectly all right. I expected prejudice from medical people as I'm an epileptic. I don't think anybody else knows on the course because I've heard them talking about people with epilepsy and it only ever comes up in learning disability talks.

So I was accepted on the course and I couldn't believe it. But just as we got the bursary through, which was really good, my husband decided to tell the CSA a load of lies and the help we had coming in was reduced from £70 a week to £10 per child per week. It has been reduced to a lot less than that again, so we get £12 per week for 2 children. He put everything in his second wife's name, he drives a Porsche and has a couple of horses, but he wouldn't give his own kids anything. But, we manage; plus my parents gave myself and two sisters and brother £1,000 for Christmas which was lovely, although I haven't spent it on anything serious. I've just spent it on myself and the kids, going out for pizzas and things like that. I'm sure they think I've wasted it, but I've enjoyed it.

The qualifications I had which got me into nursing, I only had 6 GCSEs, not brilliant, I failed my 'A' levels at college because I didn't think that they were very important, so I didn't really try very hard. I had my teaching certification and I did a foundation course at University, but that was what made me stop because they said it would cost too much because I couldn't get the funding for any more than one. I also had my 730 and an NVQ in business studies. I think that's what really got me on the course, because that was the most up to date thing I'd done and you needed to have done [some] studying recently. Also I think the fact that I've got children might have helped me, because I can see things from their point of view and I've been involved with children all along. Since leaving work I've helped at play schools, helped at nursery and I've helped in the school for quite a long time; and I helped with the school youth club and enjoyed that.

Although I've lost all contact with all the parents and children of Holly and Tamsin's friends, because my two daughters go to private school now, and I live off the estate. If you don't live on the estate you're not one of the 'girls', you don't get involved; so I'm very much by myself. I live in a terrace with lots of old people, I don't see them very much, but I have my daughters and my mum and my sister. The trouble is I want a grand-kid. I'm sure it's not

very healthy, but I'm quite selfish now. I couldn't share my life and I couldn't share my house with another man.

Of course it came as a bit of a shock to me I didn't realise that there was quite as much academic work involved on the course, I didn't know how many shifts I would have to work per week etcetera. I didn't really know much about it at all, I just knew I'd got on the course and the bursary was quite good. At the end of the day I'd got the nursing qualifications, I hope. Well, I passed my last exam.

Really it was a shock, a shock to the system, it was also a shock to my two daughters because I had always been there day and night, and then all at once I wasn't, and they had to adjust to that. I don't think they found it very easy, but now it's made them very independent, they can cook themselves a meal, they can iron, they can wash, they can clean the bath out and so on, which I'm sure they wouldn't have done if I'd been there to do it for them. All of which means that when Tamsin goes off to Wales in September I know she'll be able to cook for herself, although I'm still worried about her because she has a lot of other areas that I worry about; but she's had problems and she's pulled through. I'm really pleased to see her now, pleased to see both of them doing well at school, and doing well personally.

The teaching hasn't always been up to 100%, and I expected that it would be on the course, although it's been much better than in the CFP. Also having to be in a group with a lot of youngsters who don't seem to have the commitment or anything or don't seem to see why they should turn up and why they shouldn't go on the sick. It's obviously the whole lifestyle; it's different to mine. We were brought up in a different society with different principles and I just think if you put your mind to something, if you commit yourself to something, you should actually do it. That means you should turn up every day, you can't go sick just because you don't like one person, you can't go sick just because you want to finish an assignment; maybe I'm just getting old. Although at times I've been treated like a child.

As far as clinical experience goes, I've had a lot of mentors who haven't cared, who I haven't really trusted. During the common foundation programme I worked on a ward over the Christmas, the ward was really quiet, I suppose it was because of Christmas. Everybody just seemed to hang about the nurses station complaining about how bored they were and bitching on about the patients. They made no real attempt to find things to do though. I

couldn't believe it. I felt like saying to them "if it's such a problem having to care for all these people, then why don't you get a job in 'Marks's." I suppose I thought it would be like you see on television in 'Casualty' and that. You know, full of busy. It just wasn't how I imagined it would be.

I've always been really quiet and instead of letting me go off and do my own thing, going studying or whatever; they don't they just leave you to sit in a corner. You have to *look* busy; answer the telephone, answer the door phone. I don't really see that as a learning experience. If someone says 'thank you' to you for doing something for them during the day when they were busy, then that's usually the best part of the day, I can't think of any specific high points. People treat me differently because I'm older than the average student. They expect 18 year olds and I'm not 18 years old, and I certainly don't want to be treat like one. I think some of the younger nurses feel difficult with an older student.

Most of my comments have been really negative, which is a bad thing and I should really start to change this. I do try to nod in agreement with lots of things now as well as being negative, but I still find that I'm pessimistic and negative about a lot of things. I'll have to become more positive.

I don't know whether it's too much for me this course. I know I'm not positive enough but I always have a negative outlook and, well, being in the NHS doesn't help, does it? We have to buy our own thermometers to go onto wards and take children's temperatures. Maybe I'm more independent now, I don't know. In the future I would like a job, I would like to be happy and I'd like to be really, really satisfied. I'd also like to feel that I'm doing a worthwhile job for me, as well as for the other people. I'd just like to get settled somewhere with a nice group of people and be happy for once. It seems like a long time since I've been happy and with a decent income that will let me do what I want for me as well as for my children. That's about it for the next 15 years. I'll retire when the time comes.

CHAPTER NINE

GAIL

I was born in Orkney, then my parents moved to Ayr and bought a hotel. My earliest memories are of the hotel. Also of my sister and brother, we're all adopted. My sister is my identical twin and we're very close. We've talked about finding our natural mother, but when Andrea wanted to, I wasn't ready, then when I was ready, Andrea had changed her mind. I don't know anything about my real mother, but we think she was very young and maybe foreign for some reason. That's only because we're both very dark. I think she must have been a bit wild because both me and Andrea were when we were younger. I still talk to my sister every day. I can't imagine my life without her. We never think about our real father. I had a happy childhood to a point, but it was always that the business came first, if there was something on in the hotel we would be taken down and left in one of the lounges with work and things to do.

We had a strict upbringing, and I suppose we conformed for a while, but then me and my sister both rebelled when we were about 12 or 13. We used to sneak out all the time and go to discos and things like that, with make-up ten inches thick on. My mum and dad used to go away a lot on business, so actually it was always quite easy to go out They used to 'phone at certain times and we would know when they were going to 'phone and so we would go out, and then come back in to take the call, and then go back out.

After a while my mum and dad couldn't cope because we were just getting into trouble all the time at home, being out and not coming in when we said we would come in. So they put us into boarding school. I think that probably made home life that little bit more tense when we did go back. Both me and my sister hated it, I suppose that makes for the type of child you are. I did enjoy school from a social point of view with friends and everything, but looking back now I think I keep in touch with one person from school. I went to a class reunion 3 or 4 years ago and everyone that you expected to do well hasn't and the people who

you didn't expect to do well, have. I always felt I had nothing in common with the other girls, it was always just me and my sister.

It was an all girls school and we were more interested in sport and things like that; just going out and having a good time. We used to have parties at school and there were always boys from the boys' schools or mixed schools there, and all our friends used to be more interested in having relationships with them; but me and my sister just never were. I mean we used to have a laugh and everything, but we weren't bothered whether we had a boyfriend or not until we were about 16 or 17 years old.

I left school as soon as I'd done my 'O' Levels because I just didn't want to be there any more. At the time all I wanted to do was leave school. When my parents realized they couldn't talk me round they 'phoned up the local college and I went to do an OND. They actually got me on a course for hotel and catering which I stuck at for 2 years before I left home. The only reason I actually finished the course was because I had left home and didn't work in the hotel any more. It was hard going to college because my parents had funded me. It felt that I never had enough money, it was just like being given pocket money every week to go to college. Other girls on the course were getting grants and everyone used to go to the pubs in the afternoon and skive off college, where I never really had the money to do it. So sometimes I felt a bit excluded, but I used to work part-time in a hotel and get paid for it. The hours were terrible and the pay was terrible, but I used to work all weekend just to go out with the girls from college. I think probably that was one of the worst times I actually had when I left home.

I went to stay with a friend at first, and then I moved into a bed-sit on my own. I found it very exciting at first, I could go out and do what I wanted, when I wanted. But you get to a certain point where you feel quite lonely and after sitting looking at the walls for a while I started working in bars, which I've always enjoyed. It's just a very sociable job, you get to meet lots of people and I've still got quite a lot of good friends in Edinburgh from when I worked in the bar. I don't know if I stuck at that because it was something I was never allowed to do in my parent's hotel. It was just more sociable, rather like being on a night out, but being paid for it.

Well, when I first left college I just worked in hotels because that's all I knew at the time. Then when I moved up to Edinburgh, because my sister had gone there. I stayed with her and I worked in bars, and that's really all I did there. I really liked Edinburgh, it was where I met my husband. He's the reason I moved down here. I worked in a bar when I first moved down here too, but my husband, Graham, didn't like it. So I decided to do other things and I taught myself how to type and got a job in an office. I really did enjoy it, but I was paid off after a year and a half. I was just devastated because it was just totally out of the blue.

I went to the Job Centre, but there wasn't really anything I fancied. Graham's mum was a Matron in a nursing home at the time and she said that they had a post for a care assistant if I fancied doing that. I wasn't very sure and went back to the Job Centre and looked in the *Evening Chronicle.* There wasn't anything there, so I started at the care home. For the first two or three days I thought "what am I doing here?" There was care assistants who have been there for years and years and thought they knew everything. But after I started there I found that I thoroughly enjoyed it. My mother-in-law gave me a lot of support and encouragement and one of the girls, a care assistant, had applied to go on a *Project 2000* course. All the other care assistants were saying "Oh I'm going to go on and do my nurse training" and things like that, so I thought the same thing. I went up and I asked her for the address for the ENB so that I could write off and get the information pack. I was the only one out of six people who said "Oh I'm going to be a student nurse" who actually did it. So here I am, nearing the end of my training and all those auxiliaries are still working in the nursing home.

As I say, I got a lot of support and encouragement from his mum and I think I could probably have got a lot more if I had asked. But I just felt that it was something I wanted to achieve on my own. I wanted to look back on the three years and say that I did it myself. I really just wanted to go into nursing because I wanted to do something in elderly care; but now I've got more experience in different fields, I want to do something else. I feel I would turn into the type of nurse that I just never want to be if I go into elderly care. I still work on the 'bank' now and funnily enough, I did a night shift last night. There was this nurse who had worked in this nursing home for 8 years and she was just so cynical; just the type of nurse that I *never* want to be. That's why I wanted to go into nursing in the first place, I just felt the trained staff didn't put into it what they should have and I thought I would go in and change everything. Obviously I know I can't.

I don't think I've ever seen the two women who interviewed me; I'll never forget them. One of them said to me "You must be very fit, you're so slim, are you athletic?" But before I could answer she said she wondered if instead I was anorexic! I thought "Bloody Hell, from queen of the gym to an eating disorder". You could see her thought processes; fit equals thin equals anorexic.

I was really paranoid and wondered what I was getting into. When I started this course, I think everyone was quite proud of me in a way because I've stuck it out, so everybody knows how interested I actually am in it, and how much I have enjoyed it. Also it's something I wanted to do and I'm quite proud that I've come so far.

I have to say that me doing this course did not bring out the best in my husband. He'd always been really jealous and there was something about me doing nursing he couldn't handle. I think it was the fact I'd be able to compare him to other men in the 'willy' department. You know, I'd see a bigger or better one. Or the other reason was, I might run off with a doctor.

Once, when I was doing a night shift on a placement, he was suspicious that I was really going somewhere else. He said "you'd better be there because I'm going to check-up on you". He always had his own rules. It was all right for him to go out boozing every night. There was the time when I was trying to study, he announced he was going out for a drink. It was a Sunday, he said he would back for three. When it got to 5 o'clock I began to worry. By 8 o'clock I went looking for him in all the pubs. I was so angry. If I'm angry I can't concentrate, so I didn't get any studying at all in the end. The problem is he just couldn't understand *why* I was having to study, in the end I'd have to go to the library, which I didn't like doing as I couldn't get into anything there. It was like he had all these tactics to stop me getting on.

I told him that he would have to do his share of the housework, so I would do it one week and then he was to do it the next. So when it was my turn, I'd come in, fly around and get everything done, then when it was his turn and he'd just lie on the settee. I was determined not to give in, the house was a tip. It looked like one of those places that I'd been to with the Health Visitor!

Last summer it all came to a head. After having his brother and his wife over, he went 'off-it' and said I was flaunting myself. He beat me up, he's done it once before and I said then I would leave him if he ever did it again. Even afterwards, when he'd calmed down, he said it was my fault for flirting. That's when I started salting money away. From then we lived separate lives; I barely spoke to him. I thought I'd leave when it suited me, I wanted to get to the end of the course as we'd just moved house and there would be no money till we'd been there a while. He didn't have a clue either. On our fifth wedding anniversary he was upset because he thought I'd forgotten! He asked what it had been like for me, I thought "what the fuck do you think it's been like?" But I just smiled at him and said "How do you think it's been?" He really thought me incapable of leaving him, that I couldn't manage without him.

He put me down all the time. He'd say I was fat, ugly and stupid and that no other man would be interested in me. I was really quite lonely when I started the course, I didn't have my own friends, only 'our' friends. He didn't like me going out, so I didn't. But once I'd started I met new friends, one [Karen] is particularly important to me and she's really helped me. The point came when I thought "I'm not fat, ugly or stupid." I felt freer, like I had this confidence. This, the course, my friends and my future were all more important than he was. So after an unpleasant few weeks, when he decided to turn the water supply to the house, out in the street that is, I got out. Karen and her husband helped. After Graham went out, Richard would come around and turn the water back on, you need a special key, then switch it off again before he got back in. Yes, it was time to leave. That was nine months ago.

I think the course has given me a lot of confidence. When you're married to somebody who puts you down all the time, you tend to believe it after a while. I know this will seem conceited, but I know I'm good at what I do, I know I'm a good nurse and I think it did intimidate him in a way. He didn't want to grow and develop and I wonder if I would have left him eventually anyway; he never wanted to travel with me and he didn't have any hopes for the future, all he wanted was a nice car, it was all about himself. Sometimes when I come in, I know he's been on the 'phone, he never leaves a message though, he just hangs up, I know it's him because I check the last caller's number. I've just got no interest whatsoever in him and it's very hard to get that through to him. I haven't spoken to him for five or six months and I'm just pleased it's nearly over. I'll get my decree nisi in October and the absolute in November.

My mum didn't want me to leave him, she thought I should work at it! When I married him he wasn't good enough, now even though she knew he beat me up, he was *too* good to walk out on. She's more concerned with keeping up appearances. When I did leave she was okay though, she accepted it. I have to say I get on a lot better with her since starting this course. I used to be terrified of her. When me and my sister and brother got together we would say "it would be bad enough if she was our real mum, but the fact she adopted us, what a bummer!" She used to put me down a lot too.

My impressions of the course are it's nothing like I thought it would be. I thought it would be all clinical, I didn't think that there would be half as much theory and essays that there has been. I must admit that I'm at the point now where I've only got one and a half weeks left in the community and my 4 week placement and then my 2 weeks at college and I just honestly can't wait just to not have to come home and study all the time. I mean I know when I qualify I'm going to have to keep up to date and things like that but I just want some normality. I want to do a degree but I'm not going to do anything for a couple of years.

Yes, I have enjoyed it but there wasn't the support I thought there would be. There has been from certain tutors, but I feel I've really just made it through the course because of what *I* wanted to do and maybe because I'm a bit older. I'm a bit more confident in getting on with it. I don't feel I have to turn round and ask somebody all the time if I'm doing something right. I think I'll probably get a better sense of achievement knowing that I've done it all myself.

I have enjoyed the course but I'm at the stage now where I want it all over with, I'm just getting fed up with working full time and doing my essays all the time. I must admit I think the last two months have been very hard because I'm starting to get into financial difficulties as well, so I'm still having to work part-time. I'm now working seven days a week as well as doing an odd night shift here and there, which I shouldn't be doing. I know. But bills need to be paid and I'm finding it hard to prioritise. I know that I've only got seven weeks to do and I've got to pass these essays and that's what I want to do, because I know at the end of that I'll have a bit of financial security. But at the moment I'm finding it very hard, I'm freely committed to the course, but I'm also committed to keeping myself, even though I do work quite a lot part-time I can't really afford to go out, it's mostly just to pay off bills and for different bits and bobs. I know when I qualify it's not going to be a king's ransom, but it's

going to be a lot more than I'm on just now and I just want that bit of security, so I'm a bit fed up at the moment.

I think there's probably only maybe three or four teachers who I find I do get on with and who treat you as an individual; as someone who is going into the same profession as them, like a colleague. A lot of teachers just try and talk over your head and don't like to be challenged. I know a lot of people call me 'gobby' but I just get fed up of sitting in a class, especially with the younger ones who never ever talk if questions are asked. I just think it's just good manners to talk back to the teacher and make the lesson worthwhile. Some of the teachers do have an attitude though. In one session I couldn't follow what was being said, mainly because half of the class were talking amongst themselves. So I asked this teacher to repeat something, and he shouted "if you listened in the first place I wouldn't have to repeat anything." When the session was over I went after him and collared him in the corridor. I told him that I was probably the only who *was* listening. He apologised, I actually felt sorry for him. But when I got back, the ones who were talking thought I'd 'snitched' on them and 'named names'. For God's sake, they're so *immature*.

Some of the teachers, it's almost as if they're proud of the power they have. I mean, you can talk to them on a one-to-one basis and they're fine, but put them in front of a class and they really change. Take the register, for example. We were told "if you need time off, just ask" so I did. Others would have just pissed off. I wanted a couple of days for my brother's wedding. I arranged to make up the time on the ward, but I would miss college. "Oh, I don't know if you can take time off" said my tutor. I thought "great, all the immature kids please themselves and when I ask, I don't get it." I took it anyway.

Some of the sessions were really confusing, especially sociology and social policy. I would think I was in one, and then find out I was in the other. In the end you go by the teacher and not the content to know what the session's about. You know, "if it's so-and-so then it must be psychology!" While the theory part was good, I probably got more out of my clinical placements. A lot of the teaching, I just didn't understand at the time; like research for example. But when I did my intensive care placement we had a research critique to do and everything just kind of fell into place then. I found it quite hard, but I must admit now in the last 3 or 4 months everything is starting to fall into place. But I'm doing a lot more learning at home on my own as well. If I go out there and find something interesting, I'll come home and

read about it myself and I find I probably get more out of that than I did out of the teaching. I feel I've learned something, but I don't know if it's specifically from the teaching that I've had, or if it's more just from my own experience with working with people with different problems and so on.

I'm working in the community at the moment and I've got my own caseload and I must admit I've enjoyed it. I've got my own little dressings box and I do the rounds. I don't know how many patients I've got, a few though, and I'm really enjoying it. I must admit I think the experience from when I worked in the community at a weekend for the agency has helped. I used to go round different people's homes, like making their tea and getting them up and things like that, and I think this has probably helped me with this placement a lot. My District Nurse is actually nominating me for the Nursing Award. If I have any problems I can go to her straightaway or 'phone her and ask what I should do. She thinks that I've handled everything very professionally and very well, and I feel I have too.

I have found that on the whole, I've been treated very well. I don't know how people see me, you would have to ask them. I think that maybe it's my personality as well because I'm quite sociable and I get on with most people. Except, that is, on my Intensive Care placement, I didn't get on with one of the Sisters at all; just about everything I seemed to do was wrong, it's the only placement where I got upset. I sometimes think I'm drawn to unpopular patients, the staff will say "I don't know how you can stand so-and-so" but I usually find they're really nice. I get on well with the staff, but they are different with me. I think it's because I'm older. Mind, I find that they really stereotype and over generalize. One staff nurse said to me "I can't believe [the patient] is in pain" and I said "I can't believe you just said that". I quoted the research about post operative pain to her and she walked away. I said "Am I boring you?" She was okay about it though, we had a laugh. I tend to stick with the nurses I think are 'good'. All the staff where I am at the moment laugh at me. "You'll change" they say. I hope I don't. I don't want to be like them.

My colleagues on the course probably think I'm a bit too loud for my own good, but it doesn't bother me because I'll probably never see the majority of them again when I leave. I've made an effort to get on with people but I'm more happy just either going around on my own or just with the friends that I do have. I think there are a lot of false people on the course, I don't even know why half of them are here. I know I can be quite outspoken and say things

to people that maybe I shouldn't. I'm quite bad for doing that, but it doesn't bother me because it's always the truth. The truth always hurts, as they say.

I feel I have changed. I've become a lot more independent, I'm a lot stronger, I feel I'm my own person now and I can handle things on my own. That's with everything that's happened since last October when I split up with Graham, I think it's emphasised the point even more. I've had a very hard nine months and I've got through it. I mean, I have my low points, sometimes, when I just can't be bothered to do anything, but I feel I'm a much stronger person for it now. I've changed quite a lot because I know now when to be a professional and when not to be.

I think I'm probably a lot more tolerant of people. Before, I used to look at people and say "well, I either like you, or I don't" and that was the end of it. Now, I'm a lot more tolerant and I think I listen more to people's points of view, which I never used to do before. I used to be quite stubborn really, but I think that's probably one good thing that has changed about me. I can't think if I've changed for the worse, I don't think I have. I think it's all been for the good. Well, I'd like to think it was. I don't rely on people and maybe I should show my feelings more; is that a bad point? Even my family have said that I've changed a little bit and got quieter, but I don't know whether that's maybe because I'm professional now. Perhaps I've just realised that I can't go out and get pissed and shout my head off and be the joker all the time. I don't know. It's not depression, I know that much.

As for the future, well, I want to do the degree. I've got a job for when I finish, on theatres. It's not my ideal job; I'm not very sure, actually, what I want to do. I would like to specialise, there were two areas which I would especially like to work in. I would like to work in Intensive Care, I thoroughly enjoyed that. I've enjoyed all my placements but that's the one that sticks in my head. I need at least a couple of years experience in different settings. I can start out in theatres, I don't want to stay there. I'm going to join the nurse bank on the community as a D Grade, I would like to start off there, and I must admit I would like to apply for the District Nurse Course. I quite fancy that, rather than being in a ward. I've always promised myself that I will be a Sister within five to ten years because I'm going to be 30 by the time I qualify. I like going into people's homes and I think you get quite a good relationship going, and I'd like that.

I would like to buy my own flat, buy my own car and just have things the way *I* want them. When I qualify I'll still work in a nurse bank to get a bit of money behind me and I've worked hard to get where I am now and I'm a hard worker. Anyway, I get bored if I have days off now, but I'll keep going and I'll get a little nest egg behind me. I don't want to be in the position that I'm in now ever again, because I'm struggling all the way. I suppose it's because it's my own choice that I left, but it's the best thing I've ever done. If it wasn't for my nursing I'd probably still be there, married and miserable. At least now I know that I've got a career and I've got something that I can do on my own.

I'd quite like to travel, I've always wanted to. Even before I started the course, I always said that I would like to travel with it [the qualification] and do different things, but I don't know, I'd probably like to work in Canada. I've relatives in Canada and New Zealand who have both said that they would vouch for me and would act as guarantor, but I'll wait and see how it goes over the next couple of years.

When I look back at where I was three years ago and the person I was then, compared to now, I can't believe it. I just seem to have got a lot more confidence and I'm just happy where I am. I feel I can really progress and everything I've done in the last 3 years has been positive. I just feel a much stronger person for it. I know the type of nurse I want to be. I'd quite like to work somewhere where it's forward-thinking and amenable to change, and I'd like to be a part of that. I think it's going to be very hard, and I know if I'm not happy with things I will voice my opinions, and say why and give reasons for it and things like that. I think that, yes, compared to three years ago I *am* a different person. I'm a better person than I was. I just hope that the future holds what I want it to. I just know that I've changed for the better.

PART 3:THE POLITICS OF SELF-REPRESENTATION

We may safely assert that the knowledge men acquire of women, even as they have been and are, without reference to what they might be, is wretchedly imperfect and superficial and will always be so until women themselves have told all they have to tell.

John Stuart Mill 1806-1873
The Subjection of Women

CHAPTER TEN

PRODUCING CULTURAL IDENTITIES

The complexity of language and the relationship of utterances to truth-claims was not the concern of structuralists such as Saussure or Levi-Strauss. Meaning was little more than a simple matching game which linked the signifier with the signified. This model was undermined in the radical critique of Jacques Derrida (1973) who posited that there was no one-to-one correspondence, and signifiers are always open to interpretation. However, Derrida's critique was not new. Some 20 years earlier Barthes was discussing the problems raised by the presence of *polysemy*; namely, the ambiguous nature of the signifier and the likelihood that any given signifier would be interpreted as linked to a different signified by different people. Circumstance and context in communication render meaning to a dynamic, if not volatile, state. My intention in this chapter is to reconcile the inevitable tension which exists between postmodern thinking and feminism. The constant deferral of meaning which underpins postmodernism and the essentialism that some feminists ascribe to the speaking subject serve to dichotomize the multiple realities of women. That meaning is either rendered impossibly nebulous, or can only be authenticated through the subject's own lived experience denies the way in which women represent themselves in different situations. A chronotopic analysis is, at one and the same time, able to both fix meaning while decentring the speaking subject.

1. Bakhtinian dialogism

In *The Dialogic Imagination*, Mikhail Bakhtin (1981) attempted to deal with the 'problem' of polysemy. He, and other Eastern European semioticians, had named this as 'the multivocal aspect of the sign', and were instrumental in the undoing of formal structural semiotics. But if we accept Derrida's assertion that meaning is a never-ending chain of interpretation, and that both text and discourse remain open-ended to free association, then this constant deferral will render any postmodern enquiry futile in terms of *understanding*

experience. I accept that Bakhtin's semiotics owes more to modernism, in that his thinking is essentially *structural*, and also the bulk of his writing in the 1950s and 1960s is concerned with critical hermeneutics. But, I contend, it is not anomalous to apply Bakhtin's theory of semiotics to an otherwise postmodernist perspective of women's experience.

Language, for Bakhtin, was not an abstract linguistic system, but an essentially historical system acquiring its forms 'in concrete verbal communication'. He wrote: "Language is alive only in the dialogic intercourse of those who make use of it. Dialogic intercourse is the genuine sphere of the life language which is permeated by dialogic relationships" (Bakhtin 1973: p102). In Bakhtin's theory of language the dialogic character of the utterance involves an active, unfinalized relation of self to other, in which the self through its practical acquisition of languages of speech genres becomes the sum of its discursive actions. All discourse implies simultaneous understanding between the speaker who listens and the listener who speaks.

> Any understanding is dialogic in nature. Understanding is to utterance as one line of dialogue is to the next ... meaning belongs to a word in its position between speakers ... realized only in the process of active, responsive understanding. Meaning is the effect of interaction between speaker and listener produced via the material of a particular sound complex (Bakhtin 1973: p102-3).

Bakhtin's theory of dialogism is built around the notion of *alterity*, that is, that the autonomy and individuality of the social self springs out of its relationship with the 'other'. In other words, one seeks one's identity through dialogue with others. Thus Bakhtin's dialogism insists on the primacy of speech and consciousness, suggesting that language involves "somebody talking to somebody else, even when that someone else is one's own interior addressee" (Bakhtin 1981: pxxi). Every utterance relates to a previous utterance, which in turn leads on to another; nothing in human consciousness (or discourse) occurs in isolation. In what Bakhtin termed 'translinguistics', the sterile dichotomy of form and content can be overcome and the formal analysis of ideologies can begin (Todorov 1984).

These concepts were applied to the study of the novel, which had been defined by Bakhtin as a literary genre that sought to represent the multiplicity of language of a specific era, and thus all the sociological and ideological 'voices' which claim to be historically significant. He argued that our image of what is human is always concrete - temporally and

spatially positioned in the universe. Bakhtin's term for this time-space dimension, the *chronotope*, is employed in mathematics, and was introduced as part of Einstein's Theory of Relativity. Bakhtin's use of the term is more metaphoric than literal, but remains important as it expresses the inseparability of space and time. Bakhtin was concerned with fictional text, the chronotope functioning as the primary means for materializing time in space, acting as a centre for making representation concrete. He also argues that this category functions to situate historical figures in time and space to make place in the world seem natural. As Bergland (1994) observes from Bakhtin's discussions, one certainly could argue that it is through the flesh and blood power of the chronotope that ideology operates, making a certain social order seem natural because it is seen to reside in flesh and blood. But then we could also argue that this is the hidden effect of language.

Benveniste (1971) asserts that within any system of signification personal pronouns are ever present. What separates them from other designators is that they do not refer to a concept or an individual; instead they belong to a class of words that "escape the status of all other signs of language" (p226). What Benveniste is saying about the nature of pronouns is that when the individual uses '*I*' they immediately distinguish themselves from '*you*'. The reality to which the '*I*' refers, is the reality of discourse. In essence, this representation of self is highly dependent on the identification of the cultural 'other'; in the following analyses I shall attempt to identify whether the women make a strong claim to a particular identity by contrasting themselves with 'others'. Benveniste (1971) also observes that the other class of pronouns which share the same indeterminate status as personal pronouns (I/you) are those words that "organize the spatial and temporal relationships around the 'subject' ... 'this,' here,' 'now' " (p226).

Thus the 'I' who speaks in discourses determines the spatial and temporal 'here' and 'now', 'there' and 'then.' These binary opposites give us autobiographical chronotopes: I/you; here/there; now/then. As the autobiographical subject speaks, the 'I' constructs a *here and now* and so defines the time-space of being, as well defining 'you' imaginatively (Bergland 1994). The *there and then* posit the opposite of *here and now* and so a chronotopic analysis of autobiography reveals the critical specificity of language within culture. But it is also in these paired oppositional terms that language is given its discursive power. Because autobiography has the power to shape an image of the subject, where the reader imagines the speaker in the here and now of the speaking 'I', the chronotope provides a means of situating

the speaker in the universe. It does, in effect, decentre the speaking subject; or, in Derridian terms, reduces the metaphysics of presence.

A chronotopic analysis becomes especially useful for reading the autobiographies of the marginalized 'other' because it allows the reader to see the effect of language. In other words, it is possible to see where discourse positions the subject in the universe. If we accept Barthes' assertion that the subject is an effect of language, then focusing on the chronotope permits a concrete examination of that effect. Implicit within that examination would be such questions as: what has led the subject to these chronotopes? What kinds of identities and social relations are possible within those chronotopes? What cultural meanings do we associate with those times and spaces? These are questions that are both asked and answered within the context of this thesis.

Todorov (1984) tells us that narrative is a discourse and not a series of events. The chronotope is the place "where the knots of narrative are tied and untied. It can be said, without qualification, that to them belongs the meaning that shapes narrative ... spatial and temporal indicators are fused into one concrete whole. This intersection of axes and fusion of indicators characterizes the chronotope" (Bakhtin 1981: p250). Through the application of postmodern theories and the chronotope to these narrative texts, the multiple struggles and social relations of the women in my study are allowed to emerge and the effects of discourse can be seen. My intention is that, by employing a chronotopic analysis, the women can be situated spatio-temporally within their narratives. Thus, the discursive practices can be identified along with the multiple subjectivities that they have adopted. As the analysis develops it becomes possible to distinguish between the narrator of the text and the autobiographical subject and so avoid essentializing individuals.

2. Chronotopic analysis of six women's autobiographies

The six women who commenced their nurse training in September 1994 - Alison, Christine, Elaine, Karen, Isobel and Gail - situate themselves chronotopically in their autobiographies very differently. There are however, three central chronotopes which act as critical signifiers within each of the autobiographies: the home; the classroom (both then and

now); and the sphere of professional practice, where identification is achieved through the process of 'othering'.

Although the chronotopic positioning in their autobiographies is quite different for each woman, they all have used the programme as a vehicle to occupy spaces previously denied them. Nurse-identified autobiographical Alison and Gail are situated within a professional context; they *are* nurses. Redefined autobiographical Elaine has developed a new identity, one that is *not* wife and mother. Dislocated autobiographical Isobel is seeking a space in which to be happy and secure for the first time since adolescence. Her story begins and ends with a sense of not knowing where she is going. Autobiographical Karen and Christine's spatial boundaries are perhaps the least affected, but they nevertheless display different emerging subjectivities.

2.1 Alison

Alison is 35 years old and the completion of the programme not only marks the end of her autobiography, it also starts the writing of another as Alison begins her 'new' professional life. Like all the women, Alison situates herself very firmly within two separate divisions; the 'then' and 'now', and we are also introduced briefly to a 'future'. The 'Alison then' begins her story by giving an account of the spatial boundaries of her universe (the topos), the small flat in Cullercoats where she lived with her mother and siblings. Despite her depiction of poverty and privation in childhood (although the word Alison chooses is *deprivation)* she describes this part of her childhood as 'happy'. There is a definite shift, however, between the spatial boundaries; not geographically, which occurs later, but between the 'safe' and the 'unsafe'. This shift is marked by the return of Alison's father after a five year absence. The reason for his return, or for his leaving, is not made clear, but the impact of his return is made evident within the text. In fact Alison's reaction to his death, which was "like being released from hell," is really the first (only?) allusion to the oppression which he brought to bear upon his return.

The chronos of the situation is out of alignment, as the text briefly returns to his oppressive behaviour, detailing the physical abuse of her brother. This, however, serves not as a exemplar (and perhaps rationalization) for this man's violence and Alison's happy reaction to his death. Rather, it is the text's first identification with a central chronotope, that of life/marriage and 'standing by your man;' for here is the very site of women's oppression. It is central insofar as it reinforces staying in situations of subjugation, it provides evidence of the power of the discourse of 'family values'; and such is its power that it repeatedly emerges throughout Alison's autobiography. At sixteen, pregnant and 'orphaned', Alison marries a boy she "didn't know" in order to take over the tenancy of her mother's house. Her brother's death marks both the end of her first marriage and the start of her second, and here also the discourse of family values prevails; finding someone to "love me and my baby" was paramount.

There lies at the heart of this autobiography, a distinct spatial arena based on gender and it relates directly to nursing's central signifier; the need for Alison 'to care', to become a nurse. It was the one thing she "always, always wanted to do." This, however serves to highlight the contradictions which are inherent in her story. In describing school life and her

feelings of marginalization, Alison tells us that she achieved the CSE passes necessary "because she wanted to work in an office." But, nevertheless, she cared. Following her remarriage, this caring existed both in public and private domains; in her work as a care assistant in a nursing home and at home where she cared for her husband and children. There was also a 'carrying-on' from her mother in that she saw it as her role to hold with tradition at Christmas. At this juncture in Alison's story there is another death, her younger brother. Let us for a moment consider this event in the context of her life so far. Her abusive father dies when she is eight years old. Although this is a release, she won't believe he has gone until she sees for herself. At sixteen, her much loved mother dies quite unexpectedly, an event which devastates Alison. Then both her brothers die suddenly. Where, I ask, is her anger, her rage?

Here is the most pervasive discourse of all, that of womanhood itself - no, worse than that, of *idealized* womanhood. Heilbrun (1989) draws our attention to the autobiography of American novelist May Sarton, who after publication found that none of the despair, passionate struggle or anger was evident in the written version of her life. She had, asserts Heilbrun, written in the old genre of female autobiography which tends to find beauty in pain and can transform rage into a spiritual acceptance. Sarton's subsequent autobiography attempted to articulate that very pain, and it is now considered the watershed in women's autobiography. This is not to criticize Alison in any way, indeed she has written the only version of her life available to her. But, as Heilbrun (1989) points out, if one is not permitted to express anger, or even to recognize it within oneself, one is by simple extension refused both power and control.

Alison talks of her 'inner strength' on several occasions and thus presents us with a different subjectivity. It is this 'spiritual Alison' which acts as a link between the 'then Alison', the 'now Alison' and the 'future Alison'. In the chronos of her autobiography, the 'then Alison' is almost glossed over. For she occupies the space of professional practice for the remainder of her time. It is a 'makeover' in her subjectivity, so to speak. Indeed, she shares this site of 'narrative rebirth' with four of the other women. The classroom provides us with a fundamental chronotope. Alison is at first in the familiar territory of the margins, before establishing friendships within the group, friends whom she identifies as both sharing her pain while being 'different'. Despite having engaged in further education with the express intention of accessing the course, Alison was not prepared for the subject matter which made up the *Project 2000* curriculum. She did not want to occupy classroom space (theory), she

wanted to occupy ward space (practice). She "wanted to be out there with a uniform on, doing what you're supposed to do ... and be a nurse." This illustrates an interesting picture, how can one *be* a nurse, without learning how?

Thus we are presented with one of nursing's most dominant discourses. Care delivery in nursing has long concentrated on the pragmatic rather than the theoretical, the intuitive knowledge that nurses use when caring for patients, 'nursing know-how' as opposed to 'nursing know-that'. Caring, say pragmatists, cannot be taught, but it is a skill acquired through experience, it is that law of inverse correlation, the more you *know*, the less you can *do*. The theory-practice dichotomy, while certainly not unique to nursing, is a site of tension for both students and teachers (see discussion on page 18). The topos of the ward signifies this culture. Alison manages her attitude by being "enthusiastic and willing to learn". Classroom acquired knowledge, in effect, implies a "bolshy little git." Although at a later juncture, Alison admits to a "coming together" of theory and practice, this is done through a jigsaw metaphor. A jigsaw which could not be completed until a certain temporal location had been reached: the "final year." The chronotope where theory meets practice is nevertheless presented as a contradiction. In her occupation of this space, Alison is at once both disappointed at not being prepared for practice, as well as acknowledging that there is a need to find out for oneself. This signifies the two subjectivities of *doing* nursing and *being* a nurse.

The identity of 'nurse' is particularly strong, and becoming one for Alison is portrayed as an odyssey, complete with trials and tribulations; mastery of technical skills, identifying weaknesses and developing self-awareness. The distinct spatial arena of professional practice is described through the use of colour, "out of the white and into the blue." Blue is the colour of a qualified nurse's uniform, students wear white. There is also the temporal dimension within this phrase; three years in white before 'robing' in blue. This white-to-blue discussion is also metaphoric rather than literal, as later on 'future Alison' tells us her occupation of student space will continue, this time through her application to become a midwifery undergraduate.

Alison's location within the spatial boundaries is rather ambiguous and contradictory. In considering whether she has changed she says: "I've certainly grown ... and once upon a time I can remember saying that this course had really changed me ... but I don't think it has

... it's actually teased out those inner things in me." Back to spiritual Alison. But later in the text Alison admits: "I have changed in that my attitudes have changed ... as a person I have changed in that I have become confident." This is immediately qualified by her saying "but not over confident." Enter a new 'self-assured' Alison. Being mature is seen as advantageous, both in what is brought to the course by Alison, 'life experience' and what can be gained; being accepted and "getting away with a lot more." But yet again, there is a contradiction residing in this chronos; the incident in the classroom with the Christmas card and Alison's perceived 'humiliation' followed by her confrontation of the teacher involved. The teacher's identification of Alison as the 'other' brings out another subjectivity: 'mature, assertive Alison', a subjectivity which reappears during her maternity placement.

Whether or not this occupation of a space previously denied to Alison is not made explicit, the autobiography ends with a return to the spiritual topos where autobiographical Alison locates herself. She describes her autobiography as "my story" with the hope that it will serve as an inspiration to other women who have the odds stacked against them. A 'then' and 'now' dimension emerges in the final paragraph which illustrates the change in Alison's spatial location. Not the 'chip shop' for her.

2.2 Christine

Christine is a 36 year old never-married woman. She presents herself in a very sociable and talkative way. To some extent she reminds me of the 'accidental nurse' insofar as her occupation of the professional space of nursing was not part of her life plan. As a narrator, Christine re-creates her childhood through the context of the larger narrative of working class family life. The introduction to her autobiography signifies idealized childhood within which Christine firmly situates herself. Even though she admits that her memories of her father may be vicarious rather than remembered, she nevertheless draws the spatial boundaries of her universe in a vivid way. The chronotopic positioning of Christine visibly shifts as she ceases to occupy the space of childhood. Her metaphoric description of "everybody fading away" has a sense of inevitability about it as she moves to occupy the space of adolescence.

This brings her to a central chronotope, that of the classroom. Her move to the "big school" marked the end of her childhood quite abruptly and presented Christine with a new subjectivity, that of school-rebel. The powerful discourse of state education dominates all the women's autobiographies in that they represent themselves in the classroom in terms of their resistance to it. Quite why the division between primary and secondary schooling is so prominent is not made clear within the context of her story, but a sense of community and belonging starts to emerge. The central signifier within Christine's autobiography is her 'friends'. They are fundamental to her representation and repeatedly emerge throughout. Juxtaposed with this are the "strange faces" of the "big school" which give a sense of alienation compared to the cosy world of the 'junior school'; the tension that this produced is evident in Christine's post-school employment.

Despite aspirations to be a physiotherapist, an occupation which, although having a gender bias, nevertheless occupies a professional space, this space however was denied to Christine. But a working-class equivalent was not. If Christine is an 'accidental nurse' then she was most certainly an 'involuntary beautician!' Her reluctance to "pampering women who had nothing else to do with their time" has more to do with resisting the discourses of femininity than any ideological position. This is evident when Christine finds work in catering. Here she "felt a bit queer doing something in the catering line" but she admits "Yes, I really enjoyed it." Working in the seemingly subjugated position of 'waitress' was

preferable, indeed an obvious pride can be identified. It is no coincidence that following the triumph of graduation, Christine returns to the safety of 'waiting-on' before leaving that space for good.

Christine's identity appears to be dependant on the role of others as she strives to represent herself within the text. Despite not being ready to be "tied down" (resisting) she nevertheless presents a picture of fatalistic inevitability as she describes the next relationship thus: "I'd met somebody else along the way and we ended up getting engaged and buying a flat together." Her sense of powerlessness is almost tangible at this juncture; when she found a new job in catering which made her happy, it was to be short-lived. The loss of her nameless fiancé's job impacted upon her in an inverse way: "... the way things were, I ended up giving up my job, and I just went back to casual work." Why this was necessary is not explained but, if we locate Christine within the chronotope of heterosexual relationships, we can see that full-time employment (not to mention her enjoyment of work) was not to be tolerated. Part-time casual work resituated Christine within the relationship as the 'other' whom was dependent on the 'man'. Her 'casual' work however had an effect as it gave Christine a new subjectivity and, importantly, something which seemed to be in short supply: new friends.

At this point in the autobiography we see Christine return to the safe space of 'home' and it is interesting that a dichotomy is presented through which her relationship is seen. Her resistance to the 'housewife' role is contrasted with her 'enjoyment' of her friends. Her return to the safe spatial boundaries of home also coincides with her return to the classroom. Again, "getting in with the crowd" allowed for a different subjectivity to emerge and Christine began to question her enforced position within the arena of further education. The language she uses still emphasizes her self-amazement at her being relocated into the space of higher education which had initially been denied her. The lack of confidence she discusses toward the end of her autobiography is evident at this point: "I never imagined myself going to university and doing a degree.... I just didn't think I was intelligent enough. ... Yet, here I was, it was unreal."

"The best day of her life" and "her dream come true" could in the idealized world of romantic love, aptly describe a girl's wedding day. The joy that Christine describes upon her graduation is tempered by her also revealing the personal struggle she had 'getting there'. The

ever powerful discourses on gender, class and education all intersect at this point for Christine and it is the public/private aspect of a dual subjectivity which she details here. Her boyfriend 'at the time' was there to celebrate the graduation, but later we learn of the volatile and at times violent relationship which was the reality of Christine's learning experience. The chronotope of this violent relationship and the completion of the degree course allowed Christine to find a more meaningful space in which to reside.

But for Christine the shift between these two distinct spatial boundaries was not clear cut and she once again finds herself in the familiar territory of catering work. Once again there is a return to the topos of the classroom, this time as a *Project 2000* student. Even though at this point there was no 'calling' to be a nurse, rather it would be as a vehicle to another space. For Christine the possession of a non-vocational degree was not enough. Class and gender discourses still denied her location within a professional arena. So, we have arrived at Christine, 'accidental nurse'.

Like Alison, Christine had a pre-conceived idea about what nursing was. The academic aspect was something of a surprise and not a particularly welcome one. Let us for a moment consider Christine's path to this juncture; beauty therapy to waitressing to kitchen work to full-time student, then back to catering work to nurse training. The discourse on professionalized domesticity, as discussed in chapter one, has apparently dominated Christine's working subjectivity. It is at times a form of self-fulfilment; every time she gets out, she returns to the site of her oppression. Perhaps it is inevitable, rather than accidental, that she found herself in this present space; nursing, the ultimate domesticated vocation.

The theory/practice discursive field dominates in the second part of the autobiography, particularly the discourse surrounding the value of the apprenticeship model of nurse education. As with Alison, 'doing' is synonymous with 'being' and the value of classroom learning is relegated as 'boring'. The so-called 'invisible' skills necessary in nursing, those which constitute intuitive knowledge and humanistic discourses, are seen as residing only in practice areas. These, combined with the practical skills which are deemed crucial in order to develop an acceptable cultural identity, serve as a powerful determinant as to where learning should take place.

The development of the various psychomotor skills are seen as a rite of passage for the narrator Christine. The programme is castigated for its inability to equip her with the requisite skills. There is, however, a tension at this juncture; for despite her apparent ambivalence about the theoretical component of the programme, there is an acknowledgement that it, nevertheless, "slots into place in the third year." Again, as with Alison, we see the chronos of the situation of impending spatial movement described thus: "one minute you're a student, and the next minute you're qualified." The development of a programme over three years is reduced to the minute hand on a clock in allegorical comparison. There is also another example of Christine's public/private self: "... I've never had a whole load of confidence, though everybody, friends and people I know, say I come across as a dominant person, but I'm not really. Inside I haven't got that much self-confidence." Her struggle to find a meaningful space for herself is juxtaposed though the chronotope of the sphere of practice; for Christine, having confidence is both a result and a condition of practice.

The central signifier which so defines Christine's subjectivities, her friends and relationships, have been critical and have, in effect, served to validate her residence in the sphere of professional practice. "As long as I continue to get along with people and get along in life, I think that's the main thing, really" she says. One is dependent on the other. A glimpse into a future subjectivity continues in the same vein: "To continue to have a good relationship with your friends; hopefully to find someone someday who I can settle down with." Christine's social life and career are seen as merging at the end of her autobiography insofar as her friends will influence the future direction of both.

2.3. Elaine

Elaine's autobiography, for me, symbolically represents *every* working class woman's story. Her narrative moves both temporally and spatially through the spaces in which women find themselves situated; spaces which signify both their oppression and powerlessness. At 33 years old Elaine, for the first time in her life, feels 'herself' and not someone else's version of her.

The story starts with Elaine, as someone's daughter, re-creating very early memories of her childhood. She recalls three incidents, in each of which she situates her mother. Her father left the family for a period of several years, his estrangement signified through his absence from her recollections. The chronotope of the classroom contrasts markedly from Christine's early experience. Rather than the safety and cosiness of the schoolroom, the topos for Elaine is explained in one short piece of secular narrative. Here, a spatial arena is presented based on gender; the primary subjectivities of her childhood narrative revolve around discourses of sexuality and Catholicism. This is a story which I have heard recounted by Elaine on two other occasions, and this central chronotope serves to underline the magnification of the memory of being locked in an attic for being a 'word' she neither knew nor comprehended. The spatial boundary shifts from the boarding school to the local convent school where Elaine feels it necessary to remind the reader that the family are Catholic. The picture she paints is a vivid one. Is she daydreaming about being a nurse? Yet, despite her remembered ambition, she "just sat and farted about, never did anything." Her inevitable failure at the '11 plus' exam marked the relocation in an adolescent space. It also coincided with the return of her father to the family home; having a 'dad' signifies the importance of the patriarchal role model within Elaine's family. This signification re-emerges a little later when Elaine describes her first 'serious' relationships, starting with the boy across the road. When it ended she gives an account: "I was really upset ... After that I just went out with this one and that one, some of them were more serious than others, but it was always me that was more serious than they were." Here we see the site of most working-class women's self-representation, a vicarious subjectivity, signified by the search for a man to give it meaning.

The chronos of Elaine's education history is set within the context of her non-attendance and the subsequent threat of criminal action. Despite her admission that she "could scarcely read and write when I left school" her ambition was undimmed: "one day I'd

go to college and get some 'O' levels, because I wanted to be a nurse." The dominant discourses on gender and education intersect at this point. For what Elaine does not say is that her 'daydreaming' and virtual illiteracy were a result of dyslexia which was not diagnosed until she commenced the *Project 2000* programme. Being female and working class served as a double jeopardy and her resistance to the subjectivity inscribed emerges repeatedly within her narrative. A "crappy job somewhere" before working in her parent's cafe preceded Elaine finding employment in care work, thus occupying the space of female ghettoized employment. Although still wanting to find legitimation through 'professionalizing' her work, the dream of college remained until it evaporated. The tension between women's employment and women's education signifies the loss, and since "there wasn't anything left ... we decided to get married" and so the subjectivity of wife, then mother, is adopted

Temporally, the second section of the autobiography juxtaposes the chronotopes of Elaine's married subjectivity and her emerging professional subjectivity. Elaine as daughter and girlfriend gives way to Elaine as wife and mother; her resistance to these subjectivities and their representations growing ever more evident. The central chronotope of the classroom re-emerges and despite her (unknown) disability Elaine throws herself into 'book learning' for the first time. Her admission that "she never read for enjoyment" informs us as to meanings inscribed in Elaine's reading, as does her reading material: *Lyttle's Mental Disorders* rather than 'novels'. The obvious difficulty she had in making sense of the words underlines the importance to her of acquiring a language. For Elaine dominant discourses provided no language for her in the position which she found herself occupying (wife and mother). In the words of Barthes, she "stole it". How her acquisition of the language of dominant discourses allowed Elaine to find a meaningful residence emerges at several chronotopic sites in the remainder of her narrative.

In her self description "I'm a people person, I love people..." her attendance on a counselling course allowed her to 'steal' the language which in turn led to her seeing herself as changed, as articulate. "I'm able to express myself better ... I think I'm more articulate, and I recognize the feelings that I'm feeling." But this acquisition also served to provide a site of conflict as her husband felt increasingly excluded, previous tactics of sabotage (forced production of the subjectivity of 'wife' by feigning illness) gave way to more direct measures. Her pronunciation of the 'death' of the old Elaine marks her new emerging

identity, and also explains her apparent imperviousness to the oppressive language of being a 'bad wife'.

The discourses of humanism and self-awareness to which Elaine was exposed in the counselling course continued with her attendance on the *Project 2000* course. Prior to commencing the branch programme the threat of separation was enough to make Elaine 'toe the line', but the 'death' of Elaine as 'wife', negated this. The development of whom she describes as "Elaine's Elaine" (that is *not* a wife and mother) resulted in a critical reappraisal of her world.

> I've got a rid of a lot of assumptions ... I mean assumptions of my world ... my beliefs and values are relatively the same, however I'm more aware of them and I'm prepared to give up things that aren't accommodating them; like Maurice.

Although Elaine does not equate her new found subjectivity with the theoretical component of the programme, she does acknowledge that knowledge in the broader sense has influenced her.

The resistance to prescribed subjectivities which Elaine displays could be the story of *Educating Rita*, except in the real world there exist multiple subjectivities. The topos of the classroom is again visited, albeit briefly, during Elaine's common foundation programme. Again there is a pre-conception as to what nursing should be like, and although it is not articulated, there is an apparent expectation as to *how* teachers should behave. The contradiction of so-called adult liberal education is laid bare here, as it is in the other autobiographies. The condescending and patronizing demeanour of teachers serves to expose the underlying competing discourses which prevail in nursing. The critical signifier of Elaine's subjectivity, her age and the maturity and life experience it brings, come to mean something by being contrasted with something she is not. She is no longer daughter/girlfriend but wife/mother, her subjectivity is defined by what she is not. This difference is suppressed and 'sameness' valued over 'otherness'; a hierarchical opposition is created within the topos of the classroom. Like the other women this suppression is strongly resisted, although there is no confrontation. Elaine's future representation is based on 'otherness', that is by "never getting like them."

Being 'herself' is one of three positions in which we can situate Elaine. To other people she is a "joker and a scatterbrain" but she also has a subjectivity through which she legitimates her occupation of a professional space when in practice: "fairly confident and able to manage. Mature." Resituating this subjectivity in a previous spatial arena it is possible to see that this location is not resultant from the programme of learning. When describing her frustration as an auxiliary, during which time she 'stole' a professional identity, she saw herself as 'cleaning up' after newly qualified nurses' 'crap'. If we abandon the notion of essential Elaine at this chronotopic site, it is also possible to explore the cultural tensions and meanings which inhabit the topos of the hospital ward. When occupying the subjugated space of the 'support worker', the dominant cultural discourse of the 'professional' nurse provided a language which was denied to Elaine's subjectivity. The resulting site of tension it creates serves to reinforce the hierarchy of the ward, a hierarchy which most of the women both resist *and* reinforce

The discursive practices which shape the meaning of mental health nursing are visible as Elaine moves to occupy the space of professional practice. The narrative finds her residing in the topos of community care, her professional subjectivity validated through the management of her own caseload. Using "initiative" and "exercising autonomy" stand out in contrast to the hierarchical opposition of the classroom, where a parent/child polemic existed. Overall within her narrative, the professional subjectivity of Elaine has been eclipsed by the representation of an Elaine which has not been validated through her relationship to the 'other'. As she finds a meaningful space in which to reside, her subjectivity has been freed from the discourse of domesticity and for the first time Elaine can speak from a position less gendered than before, with a language she now considers her own.

2.4. Karen.

At twenty nine years old, Karen is the youngest of the six women. She married shortly after the *Project 2000* programme commenced and initially she considered moving to Yorkshire from where her husband originally came. That it was he who had to relocate says quite a lot about the space in which she resides. The critical signifier for Karen is in her relationship with others and how she positions herself in relation to them. She provides a strong sense of 'ontological transformation' in the narrative, but after discarding the layers of the dominant cultural discourses inherent within it, Karen's subjectivities have remained more or less the same. What we witness is her resistance to models of working class femininity which have nevertheless shaped her.

The autobiography which Karen narrates has a fractured chronology and as such presents multiple subjectivities within the space of family life. Starting with Karen as 'daughter' the discourses of working class family relationships are laid open for the audience to see. Her close relationship with her mother stands out in stark contrast to her obvious ambivalence towards her father. It is his relationship with Karen's brother and his apparent 'blindness' to his two daughters that appear to be the source of this ambivalence. Karen as 'sister' gives a brief insight into a site of family tension. Despite the family living in close proximity and having regular contact, one particular row is singled out for mention; the source of which is ultimately sibling rivalry.

Karen as 'tomboy' introduces to the topos of the classroom, where we also first witness the resistance to prescribed gender roles which has shaped her subjectivities. This resistance is seen through contrasting Karen's preferred identity in the classroom with the apparently contradictory underlying feelings. "In one respect I was a 'rip' ... off with the lads, but at the same time I've always been quite sensitive. I've always thought about peoples' feelings." There is an element of pride about her being "a bit of a bugger" when at school. But she is only "a bit of a bugger" in feminine discourses. Had she been male, then her behaviour would have been considered 'laddish' and by extension, normal. As it was, she was "... branded thick, and told I would never do anything or get anywhere." The cultural arena of school life generates a tension between Karen the 'rip' and Karen the 'sensitive'.

The chronos of adolescence is the site of dominant ideologies of class and gender, where for most working-class females the signification of 'self' is through the narcissistic 'fit'

with the male 'other'. After eight years of 'courting' Karen "got shot of him". Her life, it seems, was mapped out. The sense of inevitability that the relationship should end is very powerful. We lose 'sensitive' Karen for a while as she embarks on two relationships with married men. "I had no qualms about it, maybe I should have", but while Karen is in this 'forbidden' space, she also finds a sense of safety there. Karen as 'wife' is also the site of contradiction; "believe it or not, we've just had another argument ... let's just say he's a shite, and a lazy shite at that. I suppose with Richard, yes, I do feel very happy." Then a little later she says: "We went through a rocky stage ... honest to God I nearly threw him out ... at the moment it's hunky dory." In her residing in spaces normally reserved for men or middle-class 'educated' women, Karen as 'homeowner' and Karen as 'career woman' merge. This central chronotope sees material acquisition as the signifier of Karen's move from the cultural arena of public housing to private estates; from rent book to mortgage account. There is no greater signification for having 'made it'.

Karen briefly returns to the topos of the classroom, where the contradictory nature of her narrative continues with her leaving school at sixteen. She "always had this thing in me that I was going to be nurse" and yet despite attending college on a pre-nursing course, Karen's higher education continued with a secretarial diploma. Now she tells us that she was unsure as to which way she wanted to go, and the outcome of her apparent indecision was spending seven years working in the spatial boundary of office life. But when this seemingly contradictory action is set, once again, within the discursive practices of the cultural identities of gender and class, Karen's resistance stands out in relief.

Throughout her narrative, Karen refers to "what she's got", that is her house and its contents. For most working class women these are only attainable through marriage, a position which Karen resisted in the early part of her life. Here then, at this chronotope, there resides a tension; Karen's desire to be a nurse, what she sees as a natural outlet for her caring, sensitive side is also the site of oppression. The discourses of femininity, of how to 'behave', are dichotomized by Karen's use of language and her residing in the space of independent careerist; the signification of which is highly gendered, a 'natural' location for men but one from which many women are excluded. The critical signifier of her professional subjectivity came when a choice had to be made. A business degree would have been instrumental in consolidating Karen's occupation in the career woman's space, a space which diminishes the

discourses of working class life. But, her "heart wasn't in it", and the application for nursing was made, and "that was that."

The choice of mental health nursing is an interesting one. Karen tells us that the decision was made after completing an 'A' level in psychology; indeed, initially Karen wanted to work in forensic psychiatry. But when situated within the discourses of nursing/caring as women's work, then entry into the mental health branch signifies Karen's continuing resistance to the oppressive ideologies of femininity, as she occupies a professional space which is divorced from 'general nursing'. The move into a nursing sphere was finally made when Karen was sure her independence would not be compromised. Relocation into the space of family life was not to be countenanced. At this point the topos of the family is intersected by the chronos of adulthood as Karen considers the merits of maturity. Within a short piece of narrative she considers "having my own house at 21", "somewhere of my own", "I love having my own house", "I'd rather save up and get a piece of furniture." Her decision not to move into her husband's house was probably an easy one to make.

While Karen occupies the space of professional practice it is still within a subject position in opposition to the 'other'. Her desire to work in the community when she qualifies represents her continuing resistance to the cultural identity of nursing. The topos of the ward and its socialization forces are little more than a means to an end for her. Karen sees her maturity as a signifier of her difference, particularly of her open-mindedness. When considering the extent of any change, her husband is used as a 'barometer', but the growth of Karen's relationship with him is seen in terms of her growth as a nurse. But another signifier of her resistance is in her use of language: "whenever I have an argument with Richard, or something ... he will turn around and say things like I'm speaking like a fucking psychologist or something like that." As with Elaine, who is also doing the mental health programme, the discourses of psychoanalysis and counselling have provided a language and given a voice to Karen, a voice which her husband finds difficult to listen to.

There is a further contradiction in Karen's subjectivity. Her reticence in becoming involved in the social side of her work is in opposition to her self-appraisal as a 'people person'. "I love talking to people, and to think that I couldn't spend time with people is very sad ..." but it is not clear *who* exactly Karen means by 'people'. "I mean people go whole

shifts ... without talking to patients (people = nurses)" and then: "I'd probably end up in the shit with paperwork because I would still go out and talk to people (people = patients)." It is perhaps inevitable that Karen sees herself working in the community, where the socializing forces are so much more diluted and easier to resist. It also provides a more meaningful space to reside in, where autonomy and professionalism are very much more in evidence.

As with the other women, Karen describes her disillusionment with nursing, in that it was not what she expected. She does not say *what* she expected it to be, and conversely she states "I don't know where I'm going", despite her resolution to work in a community setting. But at the end of her narrative, we see a glimpse of a less self-assured Karen, where she describes her relationship with her mentor. "He had this trust in me, and gave me responsibility to go out and do the therapy with these people ... it gives you confidence, and you think to yourself, 'well, yes I can do it' ..." Even for Karen, who sees herself as occupying spaces normally reserved for others, the discourses of femininity continue to dominate, and she still seeks validation from a more powerful (and male) professional 'other'. Thus, the final section of the autobiography has a sense of dislocation with Karen still struggling with her self-representation. Her narrative sees her situated in adulthood, continuing to articulate a discourse in which patriarchal meaning is inscribed, and her resistance to it, an ongoing site of conflict and tension.

2.5. Isobel

At 45 years old, Isobel is the oldest member of the September 1994 student cohort. She is nearing the end of the child branch programme, a speciality which tends to attracts predominantly young and female applicants. Her autobiography is divided into two sections which move chronologically through the two distinct arenas of Isobel's life. The space where they overlap is marked by her marriage, a critical signifier within the context of her narrative. The topos of Isobel's childhood universe is re-created using a nostalgic re-remembering, where a warm and safe place emerges, providing a picture of idealized family life. A picture which Isobel does acknowledge as being a vicarious rather than lived one, it is nevertheless a site of tension and contradiction.

The chronotope of the classroom sees Isobel in a familiar space, one which is shared by the other women. Her hatred of school began from the first day she attended and lasted until the day she left. There resides a contradiction in this topos Isobel puts her antipathy down to her shyness and being bullied and yet her description of the school she attended as "a nice little primary school in the village where I lived" in incongruous. Later, despite making friends, "I hated school, especially maths. I worked reasonably well there". It is an irony, therefore, that Isobel planned to return to the topos of the classroom as a teacher in adulthood.

Temporally, there is leap in the narrative at this point: from schooldays to marriage days, as Isobel introduces her husband, who remains throughout the narrative a 'man with no name'. Within a short textual space, the problematics of the relationship, the impact of this on Isobel's relationship with her father, the birth of her children and the eventual separation are covered. When Isobel tells us: "He still dominates my life," the reader also sees the first sign that he dominates the narrative too. When Isobel returns to idealized childhood and adolescence, a sense of isolation begins to emerge, despite her fond remembrances. "I had a friend then." *Friendship (topos); then (chronos)*; the chronotopic signification of this sentence introduces the subjectivity Isobel has presented most: powerless victim. Her narrative is layered by the oppressive discourses of patriarchy itself, her subjectivity resides with the 'other'.

The commencement of her teacher training course at the age of 20 does not return the reader to the topos of the classroom; it re-introduces 'the husband' and sees the exit of the

friend. Isobel, now residing within the space of matrimony, presents a picture of a 'singular subjectivity': as a wife, she can't be a friend. Nor it seems, a daughter; since although her reason for her estrangement from her father is not articulated, the narrative is framed to lay the blame with her husband. Following the trauma of abortion, Isobel marries and presents yet another contradiction within the chronotope of the marriage. "I was the leader because I came from a steady family with no divorce ... his parents were divorced and lived in a council house, and my parents had always owned their own home." As Isobel apparently positions herself within genteel middle-class discourses, her subjectivity of 'victim' is fixed.

The chronos and topos serve to evoke a collective history for many women. Again the class and gender differences which exist shape Isobel's identity. Oppressive forces from without 'good wife/mother/housekeeper', which imposed the patriarchal order; and oppressive forces from within, imposed by working class traditions, meet. As Isobel aspires to middle-class respectability the space in which she resides becomes more and more confined, and her frustration is represented through her positioning as mother to her youngest child, a position which she acknowledges verges on the obsessive. There is irony in her use of metaphor when describing her husband's own obsession: "When he started his business *that* became his baby." Then a little later: "he wasn't there, he was always at work, from nine in the morning until nine at night." Thus, the public aspect of the family institution contrasts sharply with the private isolation that exists within it.

A sudden shift in the spatial and temporal boundaries return the reader to a single and care-free Isobel. Within the chronotope of her marriage she is compelled to tell us: "I had loads of blokes before I got married and I still don't know why I ended up with that one; my mistake, never mind, I was always a sucker for a loser, obviously. I found relationships when I was a teenager very easy to make and break." At this juncture the reader sees a different Isobel subject; a subject which is neither rooted in a specific space or community. There is a sense of poignancy here, but perhaps the re-remembrance is not so incongruous, for when we return to the chronotope of her marriage, it is to witness how Isobel's "world just fell apart." Her past subjectivity contrasting to emphasize her enforced position of single parenthood.

The next section of the narrative signifies Isobel's search for an ideological space in which she can reside. Having the "children to carry on for" Isobel attempts a 'makeover' using education as a vehicle. But as with school, the word-processing course was met with

familiar antipathy. The subjectivity of nurse is introduced finally after a visit to her sister. There is a tension here, a tension which illustrates the power of nursing as a practice over nursing as any other: "she'd [her sister] *been* a nurse, and she is *now* a nurse manager" Proper nurses *nurse*. Those who cannot, whether through ineptitude or naked ambition, become managers (or teachers). It matters not, both traits are incongruous with nursing's pervading stereotype of feminine efficiency. Nursing has acted as a signifier for self-sacrifice since Florence Nightingale 'gave' herself to it following her call from God. Isobel saw nursing as providing a meaningful space for her at last. The decision to apply was made after a stay in hospital with her daughter: "on the children's ward in the hospital they seemed very relaxed, which was nice, different ..." But the reality of the discursive practices of nursing have provided further tension for Isobel as she sought residence in its professional space. Later, when describing the topos of nursing practice, her ambivalence becomes obvious.

> As far as clinical experience goes, I've had a lot of mentors who haven't cared, who I haven't really trusted. During the common foundation programme I worked on a ward over the Christmas, the ward was really quiet, I suppose it was because of Christmas. Everybody just seemed to hang about the nurses station complaining about how bored they were, and bitching on about the patients. They made no real attempt to find things to do though. I couldn't believe it. I felt like saying to them 'if it's such a problem having to care for all these people, then why don't you get a job in 'Marks's'. I suppose I thought it would be like you see on television in 'Casualty' and that. You know, full of busy. It just wasn't how I imagined it would be.

How Isobel *imagined* it would be, is not clearly articulated. Her experience previously had been as 'mother' to a sick child, literally a *nurse*; the professional space is very different.

As with the other women, the sheer volume of academic work was unexpected. "A shock to the system", in fact. Which 'system subjectivity' is not made clear, in implying it was also a shock for her two daughters, Isobel positions herself primarily as 'mother'. Their enforced independence is presented in terms of their ability to carry out domestic tasks, emphasizing the primacy of the discourses on 'women's work'. When Isobel returns to the topos of the classroom, again we are told that this has not fulfilled expectations. And again, Isobel presents her subjectivity in terms of 'mother'; her criticism of the "youngsters" sees her position herself in a "different society with different principles."

The narrative ends with an introspective Isobel who acknowledges her pessimism, and despite her wish to develop a more positive subjectivity, returns to a familiar place." I'd just like to get settled somewhere with a nice group of people and be happy for once. It seems like a long time since I was happy...". In tracing the path that brought her into nursing it is no surprise that Isobel opted for the child branch. Child care features heavily: despite her own experience of the hostile classroom she was prepared to return as a teacher. When not in paid employment, she engaged in the middle class pursuit of voluntary work, helping out in play schools, at the nursery, in the school and the youth club. The breakdown of marriage actually serves to signify the loss of this 'mother' subjectivity. Living off the estate meant she was excluded, and "no longer one of the girls". In order to re-establish her position in the space of motherhood, Isobel yearns for a grandchild. Nursing has apparently not provided Isobel with what she was looking for. She remains as dislocated as ever, searching for a meaningful space in which to reside.

2.6. Gail

Gail, shares with Elaine the most dramatic change in her self-representation. The chronotopic positioning she adopts in her narrative sees her situated within three distinctive spheres, and as she completes her *Project 2000* programme she is preparing to enter a new space. Approaching thirty years old, Gail is a lively and articulate woman whose demeanour belies the personal struggles she has overcome during the past few years. Her autobiography reflects the three spheres of her life: childhood, marriage and professional, one space vacated before occupying the next one. Gail narrates a chronological account, the three divisions of which signify these three ideological spaces where she has sought residence.

Perhaps the most critical signifier of Gail's subjectivity and a central chronotope within the first division of the narrative, is her twin sister. We are introduced to her at the very beginning, and she is situated as firmly as Gail is within the space of childhood. Such is Gail's identification with her twin that the speaking 'I' is virtually non-existent, and is replaced by a single-voiced 'we', "me and my sister". Gail's disclosure of her (and her twin's) adoption perhaps holds the key to her strong identification; within the discourses of family life and values, it is possible to detect a fracture. Despite no knowledge as to her (their) birth mother, she (they) have construed an image of her as a young, exotic free-spirit: a subjectivity which Gail then borrows for herself. This romantic picture contrasts with the reality of her upbringing, which is presented as a strict regime, "happy to a point" but nevertheless resisted.

The topos of the classroom witnesses the beginnings of this resistance, as her self-confessed 'rebellion' results in her (and her twin) being 'put into' a boarding school. In historical terms, women who have resisted prescribed identities, whether that of daughter, wife or mother, have risked the imposition of dominant cultural ideologies. The schoolroom, the hospital/asylum, the convent; all are female spaces signifying the sites of women's oppression. But, as Gail admits, she enjoyed school from "a social point of view" if not from an educational one. Friends were made, but the friendships have not lasted because "I had nothing in common with the other girls, it was always just me and my sister." This 'nothing in commonness' again demonstrates Gail's resistance to both the dominant ideology of 'educating for womanhood' and the cultural one of establishing identity through heterosexual relationships.

It was an all girls school, and we were more interested in sport and things like that, and just going out and having a good time. We used to have parties at school and there was always boys from boys' schools or mixed schools there, and all our friends used to be more interested in having relationships with them, but me and my sister just never were. I mean we used to have a laugh and everything, but we weren't bothered whether we had a boyfriend or not until we were about 16 or 17 years old.

The space of secondary education was abandoned as soon at it was possible to do so, and Gail found herself, at the behest of her parents, attending college. Also, this point in the autobiography marks the separation from her twin. A separation which while not made explicit is nevertheless made evident through the language used: "sometimes I felt excluded" and "you get to a certain point where you feel quite lonely." The sense of dislocation experienced by Gail emerges as she describes how she dealt with her loneliness (and also solved her money problems) by working in bars in the evening: "rather like being on a night out and getting paid for it."

The narrative now enters its second division, for it is while Gail is doing bar work that she met her husband, and we find her residing in the space of married life. Her marriage saw the move to her husband's home town, and the bar work which had served as a recreational as well as an economic activity continued temporarily. It was abandoned, not because of better social or working conditions, but because "my husband, Graham, didn't like it." In adopting the subjectivity of wife, Gail discovers that, for her, marriage is signified through permissible 'decent' women's work: office work and later elderly care work. 'Indecent' women's work, bar work, is forbidden. When positioned within the discourses of female sexuality, the site of Gail's oppression is more fully revealed. The tension which exists is between 'safe' and 'unsafe', between the asexual and the sexualized, between the world of women as clerks/patients and the world of men as customers.

When Gail tells us that: "me doing this course did not bring out the best in my husband", it is in a sexually charged language. "I think it was *the fact* (my emphasis) I'd be able to compare him to other men in the 'willy' department, you know see a bigger or better one. Or the other reason was I might run off with a doctor." Female sexuality, in the phallocentric discourses of psychoanalysis and biological determinism, is an entity whose energy must be controlled and managed. Even within a conservative political ideology,

female sexuality, if left unfettered, will result in the collapse of moral decency (see philosopher Roger Scruton (1988) for further discussion). For Gail's husband, her working in a bar and later as a nurse presented sexual opportunity which he believed her to be incapable of resisting. His sexual jealousy which became increasingly violent as Gail progressed through the *Project 2000*, is contrasted with Gail's increasing confidence in the space of professional practice.

As with Elaine, Gail experienced a range of tactics, subversive and explicit, from her husband as he attempted to 'sabotage' her efforts to study. They nevertheless did not prevent her from developing a new subjectivity, one that excluded him: "he really thought me incapable of leaving him, that I couldn't manage without him." The totality of Gail's marriage is not represented fully, and the impact of finding new friends is not delved into. But as Gail moves into the narrative's third division, her re-positioning in the space of professional practice presents the 'new improved' subjectivity as she undergoes an identity makeover: she becomes a 'nurse'.

> I think the course has given me a lot of confidence. When you're married to somebody who puts you down all the time, you tend to believe it after a while. I know this will seem conceited, but I know I'm good at what I do, I know I'm a good nurse and I think it did intimidate him in a way. He didn't want to grow and develop and I wonder if I would have left him eventually anyway.

Her location of her subjectivity in opposition to that of her husband's highlights the polarity of their relationship. Now a 'nurse', the subjectivity of 'wife' can be diminished, and there is also a 'knock-on' effect with regards to Gail's relationship with her mother, which is alluded to only briefly. Her resistance to the inscribed meaning of her subjectivity as 'daughter' has allowed for a renegotiation of their relationship. Her use of the past tense making the point: "I *used* to be terrified of her ... She *used* to put me down a lot too."

In her occupation of the space of professional practice the narrative enters its final chronotope. In keeping with the other women's impressions, Gail states that it was not as she thought it would be. Here, we once again see the discursive practices which dominate in the culture of nursing and devalue the role of education within it. The surprise at the amount of theory and written work signifies the old stereotype of nursing as 'doing'. The topos of the classroom has been the site of several tensions for Gail, both with other students ("They're so

immature") and with teachers ("Some of the teachers, it's almost as if they're proud of the power they have"). But some teachers are seen as friendly: "only maybe three or four teachers ... treat you as an individual, and as someone who is going into the same profession as them, like a colleague." The identification with these few teachers sees Gail positioning herself as a 'professional', the subjectivity of which is presented by her assertion of what she *does not* want to be. Her anecdote regarding the patient in pain signifies her identification of poor practitioners as 'others'.

At the end of her autobiography, we are briefly introduced to the future subjectivity of Gail, who once more will return to the space of the classroom to undertake her degree. There is also a subjectivity yearning for a material comfort that must now be worked for. There are no regrets, however. Nursing was the best thing she ever did, it gave her a sense of self that has been absent through the course of her narrative. Her retrospective critique of the past three years best define her preferred subjectivity.

> When I look back at where I was 3 years ago and the person I was then, compared to now, I can't believe it. I just seem to have got a lot more confidence and I'm just happy where I am. I feel I can really progress, and everything I've done in the last 3 years has been positive. I just feel a much stronger person for it, and I know the type of nurse I want to be. I'd quite like to work somewhere where it's forward-thinking and amenable to change, and I'd like to be a part of that. I think it's going to be very hard, and I know if I'm not happy with things I will voice my opinions, and say why and give reasons for it and things like that. I think that, yes, compared to three years ago I *am* a different person. I'm a better person than I was, and I just hope that the future holds what I want it to... I just know I've changed for the better.

The multiplicity of the subject positions reflected in the six women's autobiographies reflect the multiple chronotopes. Their subjectivities have resisted, challenged and, at times, reinforced patriarchal and professionalizing discourses. These subjectivities have suggested a range of social relations and ideological positions which are denied in the prescribed spaces of dominant cultural narratives. The chronotopes are not natural categories, they are culturally prescribed and embedded with cultural meanings. By using the Bakhtinian concept of chronotopic analysis, a different reading is allowed; one which permits us to identify the effects of discourses in which the narrator is situated by examining the spatio-temporal

placement of the subject in their world. The next chapter takes the analysis a step further through the application of a cultural critique of the prevailing ideologies inherent in nursing and, by simple extension, the world.

According to Bakhtin (1973), all forms of communication and experience are socially orientated and depend on social context and ideological structure. Within this framework Bakhtin identifies two features: the 'I-experience', which has a tendency toward self-destruction as it does not receive feedback from the social context; and, the 'we-experience' which grows from a positive social orientation. What we may interpret as an individual's self-confidence is, for Bakhtin, an ideological form of the 'we-experience', an experience derived from confident social relations with the outside world and not from within.

> Individualistic confidence in oneself, one's sense of personal value, is drawn not from within, not from the depths of one's personality, but from the outside world. It is the ideological interpretation of one's social recognizance and tenability by rights, and of the objective security and tenability provided by the whole social order, of one's individual livelihood (Bakhtin 1973: p89).

In taking on board Bakhtin's assertion that the speaker is the owner of the word at the point of utterance, and that the individual gains 'verbal shape' (p86) from another's point of view, then the effect of audience is a massive one. When he discusses not managing without another, Bakhtin is actually saying he cannot *become* without the 'other'. "I must find myself in another by finding another in myself" (Bakhtin 1986: p287). The language within the women's autobiographies speaks of, and constructs, differing versions of their identities which are socially recognized and validated. What they have in common are cultural identities that are heavily determined by ideologies of gender and sexuality.

To talk about the use of primary and secondary sources of data is unpostmodern; the fact that I have reproduced the women's narratives first, and use the transcripts from in-depth interviews in subsequent chapters, should not be construed as such. The next chapter deals with the issues that have emerged regarding power, control and resistance within both private and public spaces; that is the personal and the professional.

CHAPTER ELEVEN

ARTICULATING POWER, CONTROL AND RESISTANCE: THE CREATION OF PRIVATE AND PUBLIC MEANINGFUL SPACES

Once the women began to tell their stories and share their experiences, they entered into a dialogical engagement which involved a radical accommodation of 'the other'. It is this accommodation that allows for the production of a range of subjectivities. As previously stated, there are three central chronotopes within the narratives of the women. Over the course of the next two chapters, these central chronotopes will be critically examined, particularly in relation to their ideological form. In this chapter I intend to explore the production of the cultural identities within the broader context of ideology. I shall use the definition of 'ideology' as espoused by Althusser (1969) who rejected the Marxist view of ideology as 'false consciousness'. For Althusser, the true source of ideology is neither experience nor the subject, but objective, material reality. As an objective structure, ideology cannot be reduced to the actions and consciousness of the subject. Ideology is thus defined as a "a system of representations ... images and concepts" which 'impose' themselves as structures on social classes and individuals (Althusser 1969: p233). Furthermore, Althusser saw ideology as a system through which the individual exists as a social being; a lived relationship between the individual and the world. In other words, it cannot be a 'false consciousness' as it can only exist on condition that it is *unconscious*. It is not a simple relationship, but "a relation between relations, a second degree relation." It is *the way* people live the relationship between them and the conditions of their existence.

This represents the 'imaginary' relationship of individuals to the 'real' conditions of their existence. Ideology is therefore produced by specific institutions, not individuals, which Althusser saw as state apparatuses, such as educational and cultural institutions (like the family). The means by which it determines dominant meanings is through *language*. Language, in the form of what Althusser calls 'ideology in general', is the means by which individuals are governed by the ruling classes and so constitutes the first key problematic. According to Weedon (1987), women constitute their subjectivity within language. Where subjectivity may appear obvious to the individual, it is actually an effect of ideology or, in

postmodern terms, discourse. Weedon goes on to argue that, in taking on a subject position, the individual assumes that she is in control of meaning, that she is a rational, unified source of language rather than an effect of it. This 'subject positioning', or what Althusser termed *interpellation*, is never final or fixed. For although discourses (or ideologies) are located in social institutions, they are competing against each other. Individuals can only become the subject of particular discourses through the identification of their own interests. Individuals are therefore both the site *and* subject of discursive processes for their identity (Weedon 1987). As the previous chapter illustrated, the differing subjectivities open to the women in my study privileged differing discourses ranging from humanism to the institution of the family, from religious and spiritual to class and gender. The site of the women's resistance lies in the exclusive positions they have in relation to their gender and class, particularly in relation to the home and family. In their attempts to lay claim to other subject positions, they have had to develop the appropriate language inherent within those discourses. For some of them in particular, this proved to be a site of tension and conflict. Why this should be so is explored later in this chapter.

I considered the use of chronotopic analysis an important tool for getting beyond the mere production of 'well-worn' self-narratives which feminists tend to use to represent their own, and others, life experiences. The women's narratives have adopted the various aspects associated with autobiographical writing: a linear progression of time; the development of the 'self'; and an ending which looks to their, as yet unlived, lives. But there are also, within these autobiographies, gaps and a number of repositionings and things *not* said. This leads us to the second key problematic, memory. For it is memory which frames the telling of the story within the realm of language, but it is a highly selective process, capable of huge lapses and almost visionary clarity (Kehily 1995) which takes on the role of 'fixing' events in the past. But, it is also an active, on-going process, constantly working and re-working our experiences, and as Holloway (1989) points out:

> People's accounts are always contingent: upon available time and discourses (the regimes of truth which govern the way one's thinking can go), upon the relationships within which the accounts are produced and upon context ... I know from paying close attention to myself in giving accounts in a variety of settings, that I have a stock of ready narratives to draw on which fit particular situations and which tell me nothing new unless the person I am talking to helps me produce something new (Holloway 1989: p39).

So here we see the process of 'othering'; for it is through language and, more specifically, through everyday conversations with others, that we 'become'. For the women in my study, 'becoming' a nurse made words available which had previously been denied them. Within the three central chronotopes, the home, the classroom and the clinical arena, the women are presented with a range of dichotomies which reflect both private and public spaces. Are these the site of their resistance?

1. Finding a space: the private/public dichotomy

The binary opposition of private and public is a deeply rooted practice, which serves to isolate the private sphere of domesticity from the more political aspects of the public arena. My contention is that nursing, in its quest to reconcile its previously discussed 'domestic' origins with its aspirations to professionalization (see chapter one), finds itself firmly within the spatial framework of the dichotomy. My earlier assertions that nursing cannot be divorced from female sexuality take an interesting turn when placed within this private/public spatial framework. What people 'do in private' is, apparently, their own business. This oft quoted standard refers to sexual activity, both heterosexual and homosexual ('doing it' in public is a criminal offence). But because of the nature of nurse's work, that too is firmly situated in the private space. In fact a lot of nursing activity in any other context would be construed as 'sexual'. Lawler (1991) examined the social meaning of the body, and its relationship with sexuality. For while bodily functions have become privatized, unlike excreting and bathing sexual behaviour and sexuality are social constructions centring on biological differences between men and women. Nurses are at the centre of body care and the price of occupying this private sphere of intimate care is the lack of appropriate language it provides. The language nurses are forced to use preclude them from public domains as well as alienating them within the privacy of their homes.

Flashback! My first ward placement. Sister (she who must be obeyed), came out of her inner sanctum and addressed herself to me and another student: "Mr 'so-and-so' has just shit on the floor in my office, go and clean it up." Now is that a suitable topic for conversation at the dinner table? What *nurses* do in private is their own business also, so how can women negotiate a meaningful space? What the women in my study have attempted is an attack on the spatial and discursive boundaries that regulate their behaviour and suppress

difference. Their resistance in both private and public spaces, which shall be discussed subsequently, has resulted in them dislocating the boundaries within the three chronotopes identified. But another point I wish to raise at this juncture is this: the so called private/public dichotomy is not the clear dualism it is always presented as. Nursing serves as a powerful exemplar of this.

Garmanikow *et al* (1983) argue that it is clear that the private/public distinction is gendered and that this binary opposition is used to legitimate oppression and dependence on the basis of gender. Under the category of private they include the domestic, the natural, the family, unwaged labour, reproduction and sexuality; while under the category of public is critical discourse, production, justice, the state, the cultural and the abstract. The notion of 'spaces', real or metaphorical, which are privatized have a tendency to be seen as natural and apolitical. But not all spaces are clearly demarcated, and as such are subject to various territorializing and deterritorializing processes whereby local control is fixed, claimed, challenged, forfeited and privatized (Duncan 1996). In some cases this has provided a site of resistance from which previously disempowered groups may become empowered. My contention is that nursing provides such a site. The transition is not yet complete and so the profession is in a process of 'becoming' as it (and the women) struggle to develop a language.

The public sphere is not just the site of politics, regulation and the economy. It is also the space which oppositional social movements occupy. As such it is not only home to, but also separate from, politics. Unlike the private, the public sphere is where discursive practices of dominant culture are open to challenge by those who are marginalized. Benhabib (1991) states that the struggle to make something 'public' is the struggle for justice, (although justice is not necessarily served when something does become public), although through public discourse issues can become more legitimized. But the literature is increasingly contradictory, and the private/public dichotomy appears to have an ambiguous meaning. For example, Duncan (1996) argues that feminist political practice has begun to tackle the private/public distinction *itself* as a gender-biased spatial practice which facilitates gender-specific abuses and marginalization. Fahey (1995) sees the private space as a pocket within a larger public world rather than an entity lying apart. As such, the private/public dichotomy does not juxtapose two separate realms of equal standing but defines a closed set within a larger universe.

Being constructed and shaped through ideology, the women's subjectivities (as well as others), nevertheless, remain real for them within these spaces. It is in the spatial boundary of the 'home' that the subject position of wife/mother/daughter is resisted. Concepts of the private and public spheres have been widely used in sociology for the analysis of various aspects of family structure (Fahey 1995). The movement between private and public spaces has for men been much easier than it has for women. Women have historically been treated as private, as not having the ability or cognitive faculties to occupy public spaces such as politics, corporate business and so on. Men, on the other hand, belong to a privileged category. But the view of privacy in traditional liberal terms as protection for the individual against arbitrary power is in sharp contrast with the notion of privacy as an instrument of control over women (Garmanikow *et al* 1983).

In conclusion, the notion of privacy is so deeply embedded within Western thinking that, in this country, the previous Conservative government ran a campaign on a return to basic (family) values. Not that this is anything new. Stone (1977) suggests that the family is a microcosm of political order with the male head of the household as ruler and, as Fahey (1995) comments, within the field of family studies the family *is* the private sphere. The private/public dichotomy mainly takes the form of structural divisions between the home and the world outside and for women in particular has proved to be the site of tension. The movement from the private space of the home to the public space of professional employment has not been a smooth transition for the women in my study. As Duncan (1996) comments, in households which have the least there is most pressure on women to concentrate their efforts on making sure that their men are fit for work. If work is necessary or unavoidable, then it is invariably of a 'blue-collar' nature. This separation of home and work, argues Finch (1996), has become associated with a division of labour between men and women, and a separation of the world into 'public' spheres which are the province of men, and the 'private' domestic sphere as the province of women.

2. Families, fathers and finding the way out: the home/work dichotomy

For many 'orthodox' feminist writers, the family is fundamental to women's oppression, and their resistance to it essential for their 'liberation' (Barrett 1980; Young *et al* 1981). While more 'contemporary' feminists question whether the family really is the main

site of women's oppression, arguing that such a feminist analysis represents the preoccupations of white, middle-class women only (Ramazanoglu 1989; Charles 1993). The family has long been seen as the major obstacle to most women empowering themselves and, bearing in mind that the women in my study are all white and working-class, then almost by definition they should be *more* oppressed. The aim of my study was not to attempt to address the issue of 'family' as the source of all women's discontent. Such a debate, however, serves to highlight the discourses and practices which surround the western notion of 'family life', discourses which have contributed to the evolution and stereotypic picture of working class women, and by extension, nurses.

Massey (1996) speaks of the problematic boundary between work and home which serves to reinforce the gendered distinction in what she terms as 'transcendence' and 'immanence'. Transcendence (reason) concerns production of knowledge, while immanence (non-reason) involves the static realm of living-in-the-present.

> This opposition between transcendence and immanence is a dualism with a long history in Western thought. And again it is transcendence which has been identified as masculine (he who goes out and makes history) as against feminine who 'merely' lives and reproduces (Massey 1996: p113).

But as hooks (1991) acknowledges, the home can also be the site of resistance as well as a site of patriarchal domination. While Young (1990) argues that a distinction should be made between private spaces that are the sites of empowerment and resistance and private spaces that are oppressive and exclusionary. She draws a private/public distinction between the concepts of 'empowerment' (open and political) and 'autonomy' (closed and oppressive). This is an interesting discrimination for me since the two concepts are 'buzzwords' in nursing's drive toward professionalization. Perhaps they define perfectly nursing's schizophrenic identity. A further discussion on 'autonomy' follows in section 3 (this chapter).

Certainly, within the women's autobiographies, the dominant family discourses stand out. But the question of whether or not the family represents a major factor which restricted the women's opportunities and positioned them subordinate to men remains impossible to answer. All six women were brought up in 'traditional' families, with parents and siblings. Closer inspection, however, reveals; absent fathers (Alison and Elaine); death of a parent (Alison and Christine); living in an adoptive family (Christine and Gail); and various forms

of resistance (Gail, Isobel and Karen). Despite strong relations between mother and daughters, itself the subject of social research (Davies 1991; Finch 1996), it is the women's *fathers* who stand out in their narratives. The relationship that the women have with their fathers range from the violently oppressive to the deeply loving. Indeed, if I had chosen a more modernist (not to mention phallocentric) theoretical approach, such as psychoanalysis, for example, then the findings of my study could have been contrived to provide meat and drink to Freudian devotees. But, with a postmodern perspective, my intention was to explore and illustrate the interrelationship between knowledge of 'legitimate' discourses and the knowledge of 'everyday' discourses regarding the representation of the women as 'professionals'.

In adulthood the women have occupied spaces both within and without the family. Alison was little more than a girl when, at sixteen and pregnant, she married. When her family was tragically taken from her, she almost immediately set about constructing another one. Elaine left the family home for a marital one, trading in her father for her husband when 'there was nothing left' for her. Isobel invested herself in a married relationship before ever really sampling life beyond the 'family', with a man who dominated her far more than her father ever did her mother. The three other women all had the chance to live for a time outside the family space: Christine has remained there despite a couple of 'near misses', Karen established herself in her own home before getting married and Gail more or less absconded at fifteen from the oppressive confines of home only to find that life on her own was too lonely. Her subsequent marriage brought about another form of isolation and for the second time she has resisted. Her determination this time to 'go it alone' is almost tangible.

In common with the women, nursing was my 'way out'. It allowed me to 'go it alone'. Importantly, it also liberated me from a prescribed future by giving me a subjectivity which was not 'given' me through my relationship to another. As stated in the introduction, I had no calling or desire to be a nurse. Indeed, until I saw 'the advert' it had never even entered my head. So, among the questions yet unanswered are: did the women use nursing as a 'way out' of their unsatisfactory lives; and has the development of their new professional subjectivity created tension for them?

Alison, Christine, Elaine and Karen have all stated their childhood desire to become a nurse, but unlike me they waited a little longer. Is this just the way things work out? Karen, it

transpires, was prevented from becoming a nurse by a boyfriend. I asked about her education and aspirations at our first meeting immediately following 'fresher's' week.

> I was... at school branded as thick, always in trouble you know, suspended, that type of thing you know... [laughs].. and I left with four 'O' levels, which totally shocked me as well as them, ... I didn't know what I wanted to do, either nursing or clerical. At the time I was going out with a lad, and I went to college for a year and did a secretarial diploma, then I left and did a bridging course for a day a week - that type of thing. I liked it, and thought, you know, this is what I'm going to do. So, I passed that as well and got the extra 'O' levels. I applied then [to nursing] but I had to wait to get my results back you know, like you do. So anyway, this job came up on the clerical side, so I took it.
>
> *Where was that?*
>
> With the council, Gateshead council. Which was totally bloody boring, I couldn't stand it, so I got out and I got me job at De La Rue's, where I was before I came here. I was there for seven years. I was actually going to leave after two or three years and go into nursing, but through that time I was still going out with this guy, John, and we had bought a house, and of course it was on my wage, because he was a chef and was on crap pay. Oh, sorry.
>
> *That's all right.*
>
> Anyway... he didn't want me to come into nursing because he thought it was crap pay, and we couldn't afford it and stuff like that, you see. So, stupid me listened, you know, how you do, and I always said that when the time comes that we finish I would go into nursing - and we did. We finished after eight years, so I applied straight away [laughs]. In the meantime I'd been going to college, I've done various 'O' levels, and an HNC in Business and Finance, and I've just finished my psychology 'A' level last year, so here I am! I've since met this other lad, which didn't work out, we went out for two years, and I'm with this other lad now, and I'm engaged, and it's a quickie like! Engaged, and my feeling is, I'm older now, so I know what I want, you know? *(Karen)*

So Karen was not allowed to become a nurse because of the 'crap pay', an acceptable income for him, but not for her. Her resistance to her then boyfriend was (for Karen) surprisingly limited, an intention to fulfil her ambition restricted to if, and when, the relationship ended. But there is a contradiction here, for Karen embarked on another relationship for two years (it

didn't work out). Her narrative suggests she was waiting until she could afford to leave her job, but here she implies she needed 'permission'. So her decision to apply for nursing was not the cause of the breakdown in the relationship, or even an outcome of it, but rather a negotiated position.

Christine, on the other hand, lived outside the family. Once she was old enough to leave home she rented a flat from the council and created her own, exclusive, space. Following a return to the classroom, after a somewhat ignominious set of exam results, she came into nursing, not for any vocational reason, but rather as a means to an end.

> So I graduated, and got me degree, and then ended up unemployed, and couldn't get a job at the end of it. I did voluntary work in Cragdon House, an old people's home, I did voluntary work at Ashleigh school in North Shields, with special needs children, but everywhere I went they were either people who'd worked in that area, with loads of experience, or you had to be a social worker or a nurse, you know, have a vocational qualification on top. So I thought the only way I'm going to get somewhere is by doing another course. .... Because I'd already been interested in the health side, like I fancied the physio' after school, I thought I'd apply for nursing. Plus, I thought in the health side there's more areas to get into, I already had me degree, and I thought if I get the nursing diploma as well, ... who knows? If I get interested in anything else I could go into different areas, and specialize in something else when I finish (*Christine*).

Both Karen and Christine had the relative luxury of choice. For although occupying prescribed spaces, they still had their 'own place' and so lived outside of the family home. Isobel, on the other hand, while single, still had family responsibility for her two daughters. Her decision to become a nurse has less to do with fulfilling childhood ambitions, or a vehicle for betterment, than it does with searching for a meaningful space to reside in. For the other three women, however, becoming a nurse has provided a somewhat different set of experiences. Gail and Elaine, in particular, reported tension within the home during the process of becoming nurses; for both of them the outcome was traumatic, even violent. So we arrive at a critical juxtaposition for the women and what I believe lies at the very heart of the issue. The binary relationships of home/work, non-vocational/vocational education and private/public all intersect to form powerful coalescence of dominant discourses.

The commonplace binary of home/work within the context of the family has played a major part in shaping subjectivities. Finch (1996) sees the economy of family life and its subsequent reorganization as setting the scene for the reordering of gender relations within the home.

To digress at this point; as a child my parents never openly argued, indeed my mother never confronted or even questioned my father. My one memory of my mother attempting to assert herself was over her getting a job. When my father relented, he allowed her to work providing the money she earned never found its way into their bank account, that the 'family' always came first, and that it was not to be a topic of conversation. Her job in a local factory never materialized, my father was promoted and we moved away, to a 'better life' down south. The question which occurred to me even then was this: why does my father have *three* jobs and my mother none? My dad was a fireman; a taxi driver; and a window cleaner, he had a 'family' to support. Mum was an extremely intelligent and articulate woman. When she was given 'permission' to work, she could not even talk about it. What was *that* about?

2.1 Using the language of 'others' to break the silence

Women's silence, or what Gal (1995) has termed 'cultural mutedness', is seen by many feminist writers as a symbol of women's oppression. Anthropologist Shirley Ardener (1975) proposed a 'dominant and muted' model, the premise of which is that while every group in society generates its own ideas about reality at a deep level, they may not be able to be expressed at a surface level. This is because the 'mode of specification' or communication channel is under the control of the dominant group.

> This dominant model may indeed impede the free expression of alternative models of the world which subdominant groups may posses, and perhaps may inhibit the very generation of such models. Groups dominated in this sense find it necessary to structure their world through the model (or models) of the dominant group, transforming their own models as best they can in terms of received ones (Ardener 1975: pxii).

The point Ardener is making is that while women's reality is generated, it is nevertheless represented through men's language specification. But is a woman who is silent lacking language, or is she merely not communicating? There is a paradox here. If women have no language of their own then they cannot *think* outside of male language, ergo, there is by definition only one way to speak and women cannot take up a position of resistance. But by adopting a feminist *power/domination* model it is possible to see that silence is not a choice women make. Lakoff (1995) identifies three forms of silencing: interruption and topic control, non-response, and interpretive control. Interruption, topic control and non-response are fairly obvious and easily recognizable. Interpretive control is much more subtle and is achieved through maintaining power over the making of meaning. Women may be permitted to speak, they may even receive responses to what they have to say, but it is up to men to determine what they mean.

'Men' in the context of my research also has a private and public meaning. In the sphere of the home it means father/husband, but in the more public domain of the classroom it means the politically dominant group. Nursing, as discussed in the opening chapter, is the most gendered of occupations, but it is nevertheless dominated by the patriarchal institutions of medicine, health service management and government. For the women in my study this private/public aspect of language has proved to be the main signifier of their struggle for self-representation and finding a meaningful space. Interpretive control occurs in both these arenas: through the control of meaning, the right to name, the right to assess behaviour and the right to decide on appropriate language remain the prerogative of the dominant party. The women's autobiographies and in-depth interviews illustrate the extent to which they struggled to speak their own language and to find meaning in the language of others.

> My knowledge has obviously expanded as I'm learning new things, and I will say one thing, whenever I have an argument with Richard or something, which happens quite frequently, he will turn round and say things like, that I'm speaking like a "fucking psychologist" or something like that; and that I analyse everything now, and I'm looking for things that aren't there. I suppose in that respect I'm more aware of what's going on now. At one time, if we had an argument, I would always try and get to the root of it, but even more so now. I look for things and if there's a problem with somebody a friend or whatever, I'll always look for how Carl Rogers would have dealt with it (*Karen*)

> My estranged husband sees me as being like a robot, because he says that I speak like I was reading out of a book. He says that I'm very, very serious that I don't carry on and just can't lighten up at all. He used to say he wanted the old Elaine back, and I'd say to him "she's dead". He also sees me as being inadequate as a woman, he says I'm not a very good cook and I'm not very good at cleaning the house, my domestic skills are no good at all. He probably thinks that is the worst insult he can give me as a woman. Really, I think he just sees me as some inanimate object, that's probably how he seen me for a long time (*Elaine*).
>
> I've got to listen to what type of day he's had, that's if he decides to tell me. But he doesn't like me to tell him anything that I do at work. He'll say "I don't want to hear."
>
> *Is he squeamish?*
>
> Nah, he just doesn't want to hear! (*Gail*)

As can be seen from the above extracts, in the private space of the home, as the three women acquired a voice, the tactics of their partners became more overt and oppressive. In Karen's case, her husband accused her of using the language of a psychologist; the implication being that she had 'no right' to do so. For Elaine her newly acquired mode of representation was likened to that of an automaton; not human, worse than that, not even a woman. In an interview carried out recently Elaine gives an account of her husband's inability to deal with how she speaks.

> The other day I said 'clearly', I'm not kidding, 'clearly' it's not like it's a big word, you know what I mean? He said "where did you get that from?" I said "what do you mean, where did I get it from?" He says "you think you're dead clever don't you?"
>
> *What context did you use it in?*
>
> Well, I was like clarifying, you know? "Clearly, that's not what you want". We were having this argument, you see.

For Gail, being silenced was literal, the house rules 'forbade' talk which her husband could not interpret the meaning of. Like Elaine, Gail was also accused of 'being clever' (obviously a totally unacceptable subject position).

We apparently live in what has been called a 'post-feminist' age. Kristeva (1986) or example, rejects the project of liberal feminists and argues that the battles are all but won. Yet the discursive practices of the home/work space continue, albeit in a different form. The women have, in varying degrees, dislocated the boundary between home and work. Working in 'blue-collar' occupations, or in jobs which merely extended their prescribed role (cleaning, caring, catering), were viewed as 'safe'. Nursing, with all its stereotypic images and gendered connotations, goes beyond the 'domestic' aspect of work, perhaps because of the professionalizing process. Fundamental to this professionalizing has been the shift from vocational 'training' to non-vocational, university-based education; the private sphere of women's domestic roles have given way to the public sphere of professional practice. This has been achieved in two closely interconnected ways: through the development and legitimation of 'nursing knowledge'; which has led to the acquisition of 'new' languages. Nursing, the ultimate feminine pursuit, once seen as a 'safe' space for women to occupy, has now become a site of resistance as the women use it to create a space meaningful to them.

The tendency to classify the universe through its opposition of male and female principles is a recurring theme in patriarchal thinking, but the central thrust of this thesis is that these oppositions are, in reality, false. For Kristeva (1986), gender in the context of femininity and masculinity becomes an aspect of language. She links symbolic language to masculinity and semiotic language to femininity. In an attempt to break with the biological basis of subjectivity, she theorizes that both these aspects of language are open to everyone, irrespective of their gender. But, as Weedon (1987) points out, in making femininity and masculinity universal aspects of language, rather than particular constructs of specific discourses, Kristeva's theory loses its political edge.

The women in my study demonstrate their resistance as a consequence of these false dichotomies. Irigaray (1985) points out that while women are different to men, they are not opposite to them. The binary oppositions which locate them at one end of a male/female dichotomy are artificial, reflecting both the exclusion of women from the production of what counts as knowledge and the dominance of particular sorts of science. As Cameron (1985) observes, in a scientific model 'otherness' is suppressed to preserve the theory's consistency, and the creation of false dichotomies serves this suppression. This places the women in a 'double-bind', however. If they are producing identities through the process of 'othering' then it is inevitable that the learning programme should also be a site of tension and conflict.

My point is that since the male/female binary opposition has succeeded in imposing itself onto everyday language, it acts as a vehicle for reinforcing this opposition. In acquiring the language needed to create a meaningful space, the women are, in fact, upsetting the status quo in both private *and* public spheres. Thus, the women in the private sphere of the family must negotiate the home/work dichotomy, while in the more public arena of the classroom, they are presented with another. This semantic/pragmatic dichotomy will be the focus of discussion in the next chapter.

3. Accommodating the 'other': the dependency/independency dichotomy

A common theme within some of the women's narratives is the relocation from a dependent 'other' to independent 'self', a position which has been the site of tension and conflict for many women as well as a focus for feminist writing. But, in keeping with the assertion of false dichotomies, a new reading can be made of this binary opposition. A definition of 'dependency' suggests a "reliance upon, a seeking of attention, care or help from others" (Yanay 1990: p220). Such a definition implies that it is the polar opposite of the previously mentioned concept of 'autonomy', but is this an accurate division? Furthermore, does it offer a meaningful space for the women to occupy?

Gilligan (1982) believes that the word 'autonomy' has become so closely associated with separation that "separation itself becomes the model and the measure of growth" (p98). For Miller (1976) the concept of autonomy derives from male development as it bears the implication that "one should be able to give up affiliation in order to become a separate and self-directed individual" (p94). Fox Keller (1985) points out the relationship between autonomy and masculinity in Western culture which she links to a paradigm shift in scientific thinking. This change from the esoteric to the mechanical has shaped the concept of autonomy as separate from desire and dominated by images of impersonality. But feminist psychologists have demonstrated the different values around which women's selves emerge and the importance of inclusiveness and affiliation to their self-concept and identity (Miller 1976; Gilligan 1982).

In 'becoming' a nurse the women have, I believe, found an authentic outlet for their repressed feelings and the result for them is a perceived sense of freedom and independence. The

'knock-on' effect was the dislocation of their spatial positions within the topos of 'home'. But dependency has a positive element in that it provides the condition for growth and enrichment (Miller 1976). In fact Memmi (1984) goes further again in considering dependency as an ontological need: "On the whole, dependence is one of the basic elements of the bond that ties one member of society to another" (p154). By imposing gender upon the binary opposition of dependency/independency, a negative (that is, female), connotation is placed upon it. Therefore in resisting the prescribed subjectivities of the 'dependent other' women will seek to occupy spaces which can confer upon them 'autonomy' and 'independence'.

> I suppose my story just goes to show that even though the odds were all stacked against me, I've come through, and a lot of that has been the determination and the desire to get on ... I think my story just shows how you can make your life different if you *really* want to, and you are determined to. If you really want to succeed in life, then you can (*Alison*).

> Basically, I just want to be comfortable, have a good job and be happy. The things in life that I think everybody should be entitled to, but as long as I go through life knowing that I've tried, and knowing I've done my best, and living my life the way I believe is right, then I think that's all that matters (*Christine*).

> I can come in, and I'll actually think about what I've done, reflecting on things, I will, I'll come in, and I'll sit and mull over things that have happened through the day. How I've handled things, or what situations have gone on, I do actually look at other nurses as well, when I'm working with them I'll think to myself "fuckin' hell, I hope I don't end up like her" (*Karen*)

> I feel I have changed, I've become a lot more independent, I'm a lot stronger, I feel I'm my own person now and I can handle things on my own. That's with everything that's happened since last October when I split up with Graham, I think it's emphasised the point even more, I've had a very hard 9 months and I've got through it (*Gail*).

> My values and beliefs are relatively the same as they were, however, I'm now more aware of them and prepared to give up things that aren't accommodating them; like Maurice (*Elaine*).

With the exception of Isobel, all the other women have demonstrated a desire to achieve what Simone de Beauvoir termed as the 'ultimate freedom', that is being true to their

own feelings. It is almost a rite of passage for them. In Beauvoir's autobiographical novel, *She Came to Stay*, the principle character (Françoise) faces a choice: either a life-time of self-disgust through her utter dependence upon, and subsequent self-representation through, her unfaithful lover; or the destruction of the person responsible for her position, the 'other' woman. Beauvoir wrote "by releasing Françoise, through the agency of crime, from the dependent position in which her love for Pierre kept her, I gained my own autonomy" (Cited in Yanay 1990: p229). For Beauvoir, whose own relationship with Jean-Paul Sartre prompted the book, recognized the emotional dependency women have on men. Yanay's point in her critique of Beauvoir's autobiography is that a concept of dependency is revealed which is different from the need to rely on, receive help from, and be influenced by another. The essential meaning of dependency shifts from lack of self-reliance to suppression of self-expression. This now begs the question: is this the reason for women's silence?

For the women in my study the struggle to reconcile their desire for authentic self-representation with their emotional investment resulted in conflict for two of them. Duncan (1996) points to the culturally perceived contradiction between love and independence as another masculine dualism (if you want independence, then it's because you don't love me). The accepted distinction between unity and individual autonomy appears conceptual and culture-bound rather than ontological and absolute (Yanay 1990). This tendency in Western culture to reify oppositional categories is highly problematic, Cameron (1985) asks two highly pertinent questions: firstly; do oppositions exist in language to be *discovered* by linguistic science, or, have they been *invented* as a handy way of analyzing language? Secondly; is there really a tendency to think in opposites, if so, is it innate or inculcated by upbringing and education?

My point is, just because a word or concept has a dictionary antonym, their qualities are not necessarily opposed to each other. Rather they should be viewed as a continuum; except, that is, for the male/female opposition. For people either are, or are not one or the other; the language they use does not have to fall into the same categories they do. Structuring the world in terms of either/or merely serves to reinforce the construction of gender opposites. For the women in my study, this meant that their search for a meaningful space to occupy was bound to be the site of tension. For those of the women with emotional investments, only Alison has, in fact, reconciled the distinction between emotional unity and autonomy.

This chapter has examined how this distinction has impacted upon them in both the private and public spheres of the home and classroom. Their resistance to the constructed dichotomies of home/work, vocational/nonvocational and dependence/independence have graphically illustrated the different subject positions the women have had to take on. The politics of self-representation and cultural identity cannot be separated from their personal and professional lives. There is an interconnectedness between these two spaces, as if 'becoming a nurse' is about 'becoming a woman'. That is, it is about authentic self-expression and ontological transformation. The next chapter will continue this theme through an analysis of the gendered positions of care-giving, and a discussion on how the professionalization of nursing has dislocated this position, at what expense.

CHAPTER TWELVE

'BECOMING' A NURSE: ONTOLOGICAL TRANSFORMATION IN PROFESSIONAL CONTEXTS

This chapter is concerned with how the women present their respective cultural identities within the professional spaces they seek to occupy. In terms of the research, these spaces comprise the topos of the classroom and the topos of the clinical environment. Since the women are undergoing a programme of learning of which the classroom *and* the clinical area comprise the educational space, they should not be categorized as separate. My reason for distinguishing them is twofold: firstly, there is a distinct dichotomizing process within the women's narratives between these two spatial arenas; secondly, the vast array of literature regarding the professional education of nurses creates a division between 'practice' and 'theory'. I do not intend to offer a critique regarding the legitimacy of the theory/practice 'gap', but I do propose that what the women learned, and what they were taught, were not necessarily the same thing. Nevertheless, these two factors intersect at central chronotopes, particularly in the two spaces which are the focus of this chapter.

My contention is that the educational process has been fundamental in shaping the emerging subjectivities of the women. This has not been achieved through 'emancipation', but through the breaking of their culturally imposed silence. This chapter, then, will address a range of issues arising from the women's narratives, not least of which is the 'double-bind' they find themselves in. Aside from having to negotiate the emotional aspects of their 'becoming' nurses within the topos of the home (as discussed in the previous chapter), they also have to reconcile the competing discourses not only between theory and practice, but also the micro-processes which inhere *within them*.

1. Occupying the educational space

Women's education, according to Wise (1996), should be a form of feminist activism concerned with the radical potential of learning to transcend oppressive or limiting

conditions. Indeed, this was my own belief when I began this research study four years ago. As I have stated in the introduction, I thought I 'knew' the answer, namely that *Project 2000*, unlike its predecessor, offered emancipatory potential and that this potential was achieved in two ways: firstly through the newly affiliated status of the College of Health with the higher educational institution; and secondly, through the curriculum content. The traditional syllabus of training which laid heavy emphasis on the direct care of the sick and dying now gave way to issues of health promotion and social well-being. After poring over the curriculum, I identified units of learning which I believed to be written in an emancipatory language. In the Common Foundation Programme they were: *Foundations of nursing; Health policy and community studies; Health and the role of the nurse; Methods of enquiry and information management; Health care systems*; and *The development of effective communication strategies* (see appendix for unit descriptors). Session content ranged from developing critical thinking skills, the history of nursing, social policy, assertiveness training, politics and the economy of health. But my research revealed that the women were apparently unmoved by these particular sessions. With the exception of Alison, who found she benefited from *The development of effective communication strategies*, the other women found it 'boring' and 'common sense'.

> How is it that the teachers who teach 'communications' seem to know the least about it? I mean, its like you've *got* to be dead borin' to teach it in the first place! (*Elaine*)

> I can't see what the deal is, most of the stuff they go on about is pretty much common sense. I suppose for the younger ones, well, maybe they do need some guidance, but a lot of it comes with being mature (*Christine*).

But for Alison it was her relationship with her husband that actually benefited.

> We got on okay before, don't get me wrong, only now, when he has something to say, I listen. We used to argue, and we'd be both shouting the odds, you know, not listening to the other. But now when he says something, I don't react, I try to see his point of view. I'll say 'I hear what you're saying Steve, let's talk it through', he doesn't really know what to make of it all! I feel like I know him better now. We certainly argue a lot less than we used to.
>
> *Do you think the course content has helped here?*
>
> Oh yes, definitely. I've just learned so much from 'communications' you know? Listening and responding, and

that. I think it's so important, not only in nursing, but in everyday life as well.

Like a life skill?

Yes *(Alison)*.

As can be seen in the six women's narratives, they were all unprepared for the classroom. Their expectations borrowed from the popular representation of nursing: *doing*, learning in the field, perhaps doing what comes naturally? So we arrive at another binary opposition, non-vocational/vocational education. The nature of non-vocational education and vocational education have been discussed previously (see chapter one). At this point, I wish to address the dichotomy between the two and in particular what I think lies at the heart of this division, namely the semantic nature of the teaching role versus the pragmatic response of the learner. For it is here I believe that the women's resistance is most strongly exerted, thus maintaining and confirming the 'theory-practice gap' which so blights the professional advancement of nursing.

This dichotomy is well illustrated within the topos of the classroom. In all the women's narratives their resistance to *what* is taught is visible. They all refer to the attitude of some teachers and the 'useless' theory they have to endure. Through the data analysis there appear to be two issues operating on different but interconnected levels: firstly, the women give pragmatism primacy over theory; secondly, the delivery of the curriculum does not necessarily reflect the (semantic) language in which it was written.

1.1 The pragmatics of 'becoming' a nurse

Historically speaking, nursing left behind its age of pragmatism back in the 1960s. Its adoption of (a) a scientific theory of nursing and (b) the concept of holism were, I suppose, designed to marry 'hard' science (masculine) with 'soft' humanistic beliefs (feminine) and so address the problem of professionalization. It is not relevant to my thesis to enter into a detailed critique of the wisdom of such a pairing; suffice to say, as with most marriages of convenience, it was doomed to failure. My contention is, however, that pragmatism has a very useful part to play in *how* nursing is learned. Through the creation of an artificial dichotomy, pragmatism is seen as a form of professional heresy to academics. What my data

suggest are in fact quite the opposite: the women adopt pragmatism to bridge an intellectual gap between what is said in the classroom and what is actually understood in practice situations.

A unit which exemplifies this 'dichotomy' is that of *Foundations of nursing*. Written in an emancipatory language, I initially considered it as having a 'liberatory' potential for oppressed women. The mix of nursing history, the development of professional knowledge and the drive toward autonomy and self-regulation mirror the struggle of the women's movement in general. Other topics included moral decision-making, ethical principles and an introduction to the British legal system. Teaching and learning strategies ranged from the lectures to seminars and there were also practice-based learning outcomes to achieve. I was sorry, not to say surprised, when during the course of the second in-depth interviews, the unit content was discussed.

> We were told how to behave, and that.
>
> *What sort of things?*
>
> Well, how to wear your uniform, where to wear your badge ... just here [pointing] not here, or here, but here, on the seam. The watch goes here [pointing]. Hair has to be off the collar, not plastered with makeup, and no jewellery apart from wedding rings. I was howlin' it was like being at junior school. We were even told what type of underwear to wear!
>
> *And what type was that?*
>
> White, with a slip... I couldn't believe it, some of the younger ones were lapping it up mind, but a few of us thought that it was a joke. We were told not to talk about patients on the bus, you know that type of thing.
>
> *What else did you do cover?*
>
> I can't remember, that's what sticks in me mind, the uniforms and that. I remember doing something about Florence Nightingale (*Christine*).

"Something about Florence Nightingale" and the entire content of the unit is thus reduced by the student nurses to a diatribe on how nurses should comport themselves. Of course, I am not suggesting that this is the sum total of that particular unit, far from it. But it does return us to learning's binary opposite: *teaching*. The dichotomy between the two is a central

chronotope within the production of the women's subject positions. It is useful here to return to Foucault's (1977) understanding of power, replacing previous definitions of power as 'repressive' with power as 'productive'. Its exercise occurs through processes of control rather than through prohibition. By this he meant that power is exercised through *ideological means* such as discipline so much so that the topos of the classroom is imbued by the same discursive practices which dominate nursing and supposedly blight the 'practice' areas.

In accepting Foucault's argument, the 'educational predicament' in nursing becomes a little less foggy. The Foucauldian concept of discipline is an insidious means of producing and controlling individuals. Power is not a 'thing' or a distinct entity, for Foucault "power means relations" (1977: p189). Power dominates by subordinating through its relationship with the one over whom power is being exercised. Crucially, power is exercised locally, not through hegemonic structures; that is, it is being experienced in the classroom and not through nursing *per se*.

> Too much time is gettin' spent on how to do things, I mean it's all geared toward 'adult', you know? What you look like doesn't make you any better a nurse, I couldn't care less what Sister thinks about me make-up. It's what's inside that matters, you know what I mean? It's how you treat people (*Elaine*).

Nursing, that most repressive of occupations, still attempts to produce 'ideal' nurses/women. Through the five principles of discipline the layers of discursive practice are constructed. Through *normalizing judgement* there is a continual analysis of whether the subject of discipline deviates in any way from the prescribed norm. Teachers inadvertently pass on 'the norm' in the guise of 'correct' behaviour and procedures. *Minute control of activity* is exercised through the use of timetables and registers, and *detailed hierarchies* ensure a complex chain of authority and governing bodies. Constant streaming and setting up sub-groups result in *spatialization*, and finally *repetitive exercises* produce the 'standardized' ways of doing things the 'right way'. Both Alison and Christine in their narratives talk of 'practising', repeatedly setting up a drip set until the procedure was learned by rote. Thus power is exercised from above (through statutory bodies), through relational aspects (peers and teachers) and from within (the women themselves).

1.2 'Bogged down in the semantics'

The semantics of nursing lies both within the curriculum and the myriad of policies and protocols which are imposed through everyday practice. The outcome is minute attention to detail outside the classroom and a transmission of legitimate and validated nursing knowledge within it. The women's resistance to the semantic/pragmatic dichotomy materializes through their judgements about what is valued knowledge and what is not.

> My decision to attend a lecture really depends on who's doing it, and what it is. I mean, sometimes you think "what a load of crap that was", so the next time you give that particular teacher a miss. (*Alison*)
>
> Well, the way I see it, it's my learning, you know what I mean? If I don't see the point of something, or if it's not relevant to me, then I'd rather just go to the library and do me own studying. It's like wasted time otherwise, you know? (*Elaine*).
>
> I know I'm not the most popular student in some tutors' books. In one session on ~[.....] I puts me hand up and says "excuse me, is this relevant?" [laughs] and the tutor says "well *I* think so" ... I can't see anybody dying if I didn't know it mind (*Gail*).
>
> Well, to be honest, if I know we're not going to be assessed on something, I really can't see the point. Everybody is so freaked out about the assignments that it becomes the only reason for actually coming in to college, which really isn't the point is it? (*Isobel*).
>
> I only go in half the time 'cos I'm scared I'll get a bollockin' if I don't, you can bet that the friggin' registers will be taken the very day I don't come in (*Karen*).
>
> I'll go along to the notice board and check the timetable, then I decide whether to go to the lesson or the library, sometimes if I think it's needed, I'll go home. I'm not skiving though, I mean I *do* study the actual stuff that the session was on. I just think there's no point being bored stupid in the classroom (*Christine*).

So we observe the women's attempts to create for themselves an educational experience in opposition to that which is imposed by the prevailing and powerful nurse

education discourses. They put their own meaning on what is taught in order that it 'fits' their practice. Through the increasingly complex discursive practices of the teachers and other nurses the issue of theory and practice begs the question as to why the profession reifies this false dichotomy? Edwards (1997) claims that nursing discourse constitutes a linguistic, that is a *semantic*, framework. Its intelligibility presupposes the truth of certain general claims which can be termed 'framework propositions'. The examples which he cites are 'there is illness' and 'there is health', propositions which, for Edwards, characterize, albeit partially, the ontology of nursing.

If we accept the claim that nursing discourse is semantic (and not pragmatic) then we must enter the realm of philosophical examination: questions which focus on the framework propositions of linguistic frameworks, by definition, must be philosophical questions. So, for example, in relation to nursing discourse, an examination of the concept *nurse* counts as a philosophical examination. For as Edwards states "the concept nurse features in the framework propositions upon which nursing discourse depends for its *intelligibility* (my emphasis)" (1997: p1092). I shall refrain from comment on the irony of his assertion; for the women in my study nursing discourse was about *practice*.

In taking on board Dewey's (1963) notion of pragmatism as educational experiences which are attuned to the interests of learners, then the source of the 'gap' between theory and practice can be identified. If educational experiences are meaningful then they will be used to construct and reconstruct past and future experiences. The experiences the women gained in the topos of the clinical areas do not seem to 'match' their educational ones. Since nursing is about 'doing', then clinical experience is almost bound to have greater currency. The following are taken from the women's narratives.

> I really got the shock of my life. We were having lectures on social policy and psychology, and a bit of sociology and communications, and counselling skills, and I thought "My God, what have I got to know this for? What is the point in this?" I felt as though we spent too much time in the classroom pussyfooting about, when really I wanted to get in on the action, I wanted to be out there with a uniform on, doing what you're supposed to do .... and be a nurse. (*Alison*).

When I got on the course at first, I was a bit disillusioned because it wasn't what I expected, I think maybe I would have been suited to the old type of training, partly because I think I'd done so much college work, and this course entailed so much work, academically. I was starting to tire a bit by then, it did need more in professionalized nursing but it's gone to the other extreme now there's not enough clinical practice involved in it, I think you need a lot more. (*Christine*).

My impressions of the course at the moment are that I'm very disillusioned, I don't know why, it's hard to say really. It's hard to know what to expect when you're going on a 3 year course. I still feel now that the first 18 months of the CFP were totally irrelevant, don't get me wrong, I have a better understanding of the human body and things like that, but at the end of the day I still say that mental health nursing should have been a separate thing right from day one. (*Karen*).

Of course it came as a bit of a shock to me I didn't realise that there was quite as much academic work involved on the course, I didn't know how many shifts I would have to work per week etc, I didn't really know much about it at all, I just knew I'd got on the course and the bursary was quite good. At the end of the day I'd got the nursing qualifications, I hope, well, I'd passed my last exam ... Really it was a shock, a shock to the system. (*Isobel*)

In attempting to uncover the discursive practices at work within the educational space of the classroom, a complex picture is painted. Traditionally, the transmission of values and beliefs from teacher to pupil is known as 'the hidden curriculum', the nature of which I discussed in chapter three. It is a somewhat curious term as it is neither 'hidden', nor a 'curriculum'. In what some teachers may see as a battle of 'hearts and minds' for the nurses of the future, they are in fact merely reproducing nursing's dominant discourses. So when viewed within a theory/practice dichotomy, there really isn't one, so why is the professional education of nurses so problematic?

2) The nurse teacher

The teaching philosophies and the political environment of teacher practice was discussed in chapter two. I now briefly present the teachers' 'voice', from transcripts of

interviews carried out with teachers of the units that I originally considered as 'critical'. The areas covered in the interviews included: personal history; professional career; views on educational philosophies; knowledgeable doer versus the generic nurse; theory versus practice; and the future of the profession.

Teachers' personal histories and professional development was largely unremarkable, but it was when discussing educational issues that pertinent issues began to emerge.

> I'm a great believer in andragogy, I don't see it as my job to 'teach' rather, I see it as their job to learn. All I do is provide the stimulus, so to speak. I like to send them away thinking about things, it's up to them after that ... *how* to do things, that should be learned on the ward. *Why* we do things, that needs to be covered in sessions. (*Teacher A*)

> Well, I suppose I'm a 'humanist' when it comes to teaching. I believe in treating the student as an autonomous adult. If they don't see any value in what I'm teaching and don't turn up, well, that's their decision. As long as they don't complain when they fail their assignments. (*Teacher B*)

> I think students should take the responsibility for their own learning, but sometimes this doesn't happen. I mean the younger ones still think they're at school, and they want to be spoon-fed. If it's not going to be assessed, then they're not interested. It's like the course is just about jumping through hoops (*Teacher C*).

> Teaching really should be a partnership, you know, with the tutor and student working together and identifying areas which need working on (*Teacher D*).

> Sometimes, you *have* to take control, and show authority in the classroom. Adult education means not acting like children ...
>
> *So, if the students 'act like children'...*
>
> Then I'll treat them like children, yes (*Teacher E).*

The subject of attendance is a major educational issue, particularly in professional education. With the women in my study, teachers also had strong views on registers.

> I think if a student doesn't attend, then that's up to them. I'd rather have people interested in what I have to say, then bored out of their heads and disruptive because they don't want to be there.
>
> *Do you keep a register?*
>
> Well yes, I don't really agree with them, but there is a professional requirement isn't there? I mean they've got to do 4600 hours haven't they? (*Teacher A*).
>
> If they don't sign the register, then it's docked off their bursary. It's no skin off my nose whether they're there or not, I get paid regardless. (*Teacher B*).
>
> I hate having to keep a register, but I do. I think it would be complete anarchy otherwise. (*Teacher C*).
>
> To be honest, I don't keep one (a register), it's just another pointless rule and extra work (*Teacher D*).
>
> I take a register at the start of every session, at coffee time I remove it from the classroom and put it in the route leader's drawer. If anyone comes in late, then they have to see the route leader, or have their bursary docked.
>
> *Do you not think that's a bit 'draconian?'*
>
> I suppose it is, but I have a professional responsibility to ensure that students have attended the sessions I teach. They're going to be practising nurses one day, they can't say "Oh, I haven't done this in school" in a life or death situation.
>
> *So how do you ensure that they actually learn in the classroom, rather than just sit there and take nothing in?*
>
> Well, I try to ask questions, and keep their attention, you have to take control sometimes. I won't tolerate disruption or chattering, it's not fair on the students who do want to learn (*Teacher E*).

The prevailing belief then is that students are adults, but sometimes they may not act as such, in which case they lose the privileged status of adulthood. Registers are not regarded as a good thing, but a 'necessary evil' to ensure student attendance. Unlike any other programmes of learning in the university, *Project 2000* demands a specific number of hours of theoretical and practical experience.

> The total length of all courses leading to admission to the professional register should not be less than three years full-time or the equivalent part-time period. This overall length should be divided into units of learning spanning 45 programmed weeks each year. This must comprise a minimum of 4600 curricular hours including time for study, critical analysis and reflection. The course should normally be completed within four years (ENB 1993).

It is the interpretation of this policy that is not the subject of any debate; what constitutes *study, critical analysis* and *reflection* are not defined (nor should they be) so as the old adage goes "you can take a horse to water ... ." As the women in my study have stated, they are quite able to discern whether or not it is in their best interests to attend a session. In keeping with the ethos of adult education, surely we should be listening to them.

Nursing, it seems, has 'counter-professionalizing' forces, it is pulling itself in two opposite directions, if nursing was an animal it would surely be a 'push-me-pull-you'. The consequence of this is that a binary opposition of theory/practice has been created. As has already been discussed at the beginning of the chapter, the semantics of teaching and the pragmatics of learning create a tension for the women in my study. The time has come, I believe, to re-open and re-examine the relevance of the debate surrounding the theory-practice divide. The discursive structures which have come to articulate these two apparently opposing ideologies have become so entrenched in the professional psyche that we need to go beyond the time-honoured rhetoric.

It would appear that in nursing there is a tendency for it actively to work against itself through the production of two, seemingly separate, totalizing discourses. The 'official' discourse (semantic) believes in the primacy of theory while the 'unofficial' (pragmatic) discourse attempts to make sense of the everyday world of nursing. Much of the literature on the so-called theory/practice dichotomy invokes a sense of *deja-vu* in the reader. Indeed the aim of *Project 2000* was to bridge that gap by producing a 'knowledgeable doer', but as the

women in my study have demonstrated, it is not a question of 'teaching-for'. Rather it is one of 'learning-about'.

As discussed in chapter one, nurse education was reformed in two interconnected ways; firstly through the development of the new programme of learning; and then through the imposition of the internal market on the NHS. The newly amalgamated academic structures of nurse education had to respond to the professional requirements of its governing body (4600 hours etc), as well as the demands of the 'new right' political ideology (value for money and contracting). One can quite plainly see that the professional education of nurses has seen massive change over an extremely short period of time, yet, at a *fundamental* level, it really hasn't changed at all. This 'change but no change' scenario can be explained in part by the power of a number of 'truisms' which emerge from my data. They appear to be so deeply entrenched in the culture of nursing that it is no surprise that they have appeared in the subjectivities of the women in my study. Indeed they emerge again and again, as if they are in fact a form of 'taken-for-granted-wisdom', among both educators and practitioners, not to mention the site of this tension, the women themselves. Legitimated long ago through nursing's acritical history, the dominant discourses which emerge from my data prove to be powerful forces, albeit in the guise of folkloric tradition. They are:

i) students will always give primacy to practice over theory;
ii) the more practice the better;
iii) practice culture will always be in opposition to, and win out over, educational culture;
iv) nurse teachers live in an idealistic world while practitioners are realistic, even cynical;
v) *Project 2000* nurses are not as competent or skilled as 'traditional' nurses.

During my in-depth interviews with the six nurse teachers I could not disagree with their beliefs. What they teach *is* important, their experience invaluable, their commitment beyond question. But it is as if a siege mentality has set in as many teachers defend their subject disciplines from the on-going demand for more practice experience. Is *this* the dichotomizing process, teachers fighting a 'rearguard action' to protect their own professional status? Forced attendance, thinly disguised threats of disciplinary or fiscal retribution and wall-to-wall teaching do not a 'knowledgeable doer' make. Teachers, it would appear, despite their advanced level of qualification, financial remuneration and professional experience, remain as other nurses - unsure of their position, undervalued and misunderstood. They also really *care* about the students, and by extension, patients.

The teachers identified by the women as being 'good' were those who did not keep registers, who treated them as fellow professionals, who did not 'talk-down' to them, and as Alison put it:

> The humorous lecturers were the best, they really made it interesting, they would bring a bit of fun, a bit of laughter, a bit of banter into it all. Those are the best type of lecturers you could get. They wouldn't make you sign the register, they'd rip it up and toss it in the bin and say how bloody ridiculous it was. You really felt as though they were on your side. Then you would have the 'religious' ones, who would come in, and if the register couldn't be found, took a piece of paper and handed that round and, I don't know ... they would take it as an *insult* if you didn't turn up to the lecture. But those were usually the boring buggers, and best of all they used to teach communication studies! You know at the end of the day, if you're going to teach somebody something, then come down to their level, and make it *interesting*, get them to participate, find out what they know, because if you're going to end up regurgitating something over and over again, for example nursing models, then forget it, because nobody is going to listen. Bring some life experiences into the classroom, tell them what it was like on the wards, tell them how maybe you've used the model.

A similar comment was made from Karen:

> Some of them [the teachers] are excellent you know, really good, and you can see that they enjoy what they're doing. But a lot of them just couldn't give a shit, and it shows. I can still remember the ones that I do like, and the ones that just weren't bothered. Some of the topics were interesting, and I found them relevant, but as I say in the CFP, a lot of them weren't. Some were excellent, because when they went into do a class they'd bring fun into it. Have a bit of a laugh, and it used to make you feel more relaxed. Some lecturers would come in and they'd be straight as a die, just no give in them at all.

Judging by Alison's and Karen's accounts, there are two main experiences of nurse teachers; to bracket them as 'good' and 'not-good' is a gross oversimplification. For there lies here something of an irony. In chapter one, the issue of nurses as an oppressed group was discussed. Lewin (1988) identified how individuals with certain expectations and goals see belonging to the subordinate group as an impediment to their ambitions. Are the women in my study identifying certain teachers as having characteristics 'incompatible' with their own view on how nurses should be? Are their narratives an example of the rejection of certain

dominant discourses? Yet, despite the apparent antipathy between some students and teachers, there is a shared professional identity.

My contention is that the temporary and open nature of the discursive alliances which are forged at the micro-political level need to be taken into account; the plurality of the women's subjectivities and their changing characteristics are well articulated within the scope of this study. If we take on board the postmodern notion that binary oppositions are artificially created then it allows for a different reading of the professional 'folklore'. We may challenge the inevitable progression that gets played out every time student nurses enter and leave the educational space: theory to practice; idealism to realism; apprenticeship to mastery. But even more significant is that a postmodernist perspective allows us to challenge the notion of 'blame' or 'deficit' which has been meted out by the feminist movement to the nursing profession for its apparent acquiescence in its own disempowerment. Rather, the women as student nurses display a discourse of resistance and here they are in keeping with much of the profession. In their struggle to make sense of the somewhat bizarre, and at times dislocated, discursive practices of the educational space, the supposed binary oppositions are highlighted while education and practice compete for what is 'relevant'.

Smith & Zantonis (1988) identify binary oppositions in a way that reverses the dichotomous terms to give primacy to the subversive discursive tradition. They speak of two discursive traditions within education, the 'dominant' and the 'avant-garde'. The 'dominant' they describe as "narrowly focusing on a specific kind of individualism, technocratic effectiveness and co-ordination of schooling to fit the requirements of an emerging economic order" (Smith & Zantonis 1988: p77). This discursive tradition constructs a 'master and apprentice' set of social relations which are situated in and continue to shape the "discourse of practicality" (p85). The 'avant-garde' on the other hand is identified as "a visionary tradition, anchored in a genre of discourse that privileges the concepts of emancipation, liberation and democracy ... intending to neutralize and exclude dominant discourse and to replace it with a language of possibility and hope" (Smith & Zantonis 1988: p77). In other words it attempts to problematize both the craft of nursing and the contexts in which it is embedded.

So, in the women's narratives, their casual observation of 'good' teachers seem to fit the 'avant-garde' traditional discourse; and the 'not-so-good' are more in the 'dominant'

traditional discourse category. What has for years been seen as 'standard student complaints' regarding the perceived shortcomings of the nursing curriculum should now be re-articulated as voices which quite rightly challenge and critique the professional education processes. But how can the women (and other students) win this semiotic space? As nurse teachers we need to bring our own discourses forward for scrutiny as well as those of our students. We also need to identify binary oppositions as they are created in order to dislodge or "displace the dependent term from its negative position to a place that locates it as the very condition of the positive term" (Smith and Zantonis 1988: p82). McWilliam (1992) argues that a symbiotic relationship between two opposing binaries must be identified, with a reconceptualization of the elements of language, so that a new perspective can be articulated. Within the topos of the educational space, practice and theory can be rearticulated as 'praxis', but it requires a decentring by both teachers and practitioners of their strongly held assumptions. The political arena which sees the internal market being reconciled with notions of humanistic educational practices is not the ideal milieu. It will require a large degree of risk-taking by all parties as they 'let go'.

What marks out *Project 2000* as a different enterprise from other programmes of learning is its mission to professionalize what some might call a basic human (female) response (frailty): caring. The semantics/pragmatics of caring in the educational space have been well discussed; in the highly gendered topos of the clinical space how do the women represent themselves?

3) Nursing as caring and other gendered positions

In interviews which I conducted as the women commenced their final year, during their respective branch programmes, we discussed a range of issues particularly: nursing as 'caring'; differences across disciplines; any and extent of dissonance; and, any and extent of personal change. From these discussion areas an interesting feature emerged for all the women: *how* they represented themselves in the topos of the clinical area and the gendered position they placed themselves in. Since caring is seen as both fundamental to women's oppression *and* the source of feminine strength, it is not surprising that this dualism is reflected in the clinical setting by practitioners.

Some nurses are really crap, you know? You wonder why they bother. It's like they just can't be bothered with the patients, they'd rather stand around the nurses station and bitch on about the off-duty. I just go off and talk to the patients when there's nothing to be getting on with (*Alison*).

When I was on ward ## at the General, I had this brilliant mentor, she was just great with staff, doctors and the patients. I was not looking forward to working on 'geri's' to be honest, but I had a great time, and now I know I could work on a ward like that.

What was so good about her, what special qualities did she have?

It's hard to put your finger on really ... she never flapped, always had time to explain what she was doing, she was lovely with the patients, you know, dead patient like. You could tell she, like, really *cared* for the old women.

As opposed to what?

Well, some of the nurses I've worked with, haven't cared, they've 'done' for the patients, but as soon as they've done the task in hand, that's it, you know? I think you've got to give time, you know? Talk to them, listen to what they've got to say. I mean some of the old dears had great stories about when they were young, it makes them more 'real' as people. Do you know what I mean? (*Christine*)

I know when I was on ward ##, the staff thought I was mad. I used to go and talk to the patients, it's funny, but I always used to end up getting up a rapport with the patient nobody else could stand!

Did you see it as a challenge?

Aye, I suppose I did, like. I just felt that nobody gave them a chance, you know? Like there was this one patient, he was always on the buzzer asking for something for his pain. As far as the qualified staff were concerned, because he was relatively young, he was a wimp ...

Is that what they called him?

Oh aye. They would say "he can't be in that much pain, he's a right wimp ... soft as shite.." and all that. I said "how can you say that" but they just laughed at me and said, "you'll learn." (*Gail*).

Are things any different in the other branch programmes?

> I still find that some qualified nurses just don't give a shit. They never seem to do any counselling, they just dole out the 'tabs' [cigarettes] and the medicines. Me, I'm out there, you know? I love giving it this [hand sign for talking]. In fact I'd rather be doing that [hand sign for talking], than going for coffee. (*Karen*)

> I couldn't stand to work on an adult ward . .. all that hierarchy and stuff. At least in 'psychi' the clients can sometimes look after themselves. It gives more time to sit and talk, you know, one-to-one, like. I mean, that's why I came into nursing. (*Elaine*)

> Sometimes it seems like the more you can get the kids' mothers to do, the better. So the actual 'caring for' aspect is done by them, and we end up doing really trivial stuff ... if I act on my own initiative and do something for a child, an aspiration or PEG feed, for example, one of the qualified nurses comes over and says "let Mum do that" (*Isobel*).

The emerging theme from the interview transcripts is how the women come to understand *how* and in *what* ways they 'become' nurses. For it is here that we return to finding voices and acquiring language, albeit in informal 'non-professional' ways.

4) Reproducing the discourse of caring

In her discussion of the two worlds of nursing and education, Orr (1997) argues that nursing cannot be seen as 'scientific' or 'academic' because nursing is so *familiar*. But, as Flax (1990) points out, in the development of any kind of new knowledge, one of the greatest difficulties is to *make* the familiar strange, as something that needs explanations. The professional education of nurses has failed in this task, clothing itself instead in the 'emperor's new clothes' of modernist theories. The resultant devaluing of practice has its origins in the Western traditional of valuing the theoretical and abstract over the practical. Nursing knowledge (real knowledge) is overlooked because it is informal and particular. It is, in short, women's knowledge. As Orr acknowledges, these worlds also have similarities in that they are controlled by men and their conservatism. For despite some formidable women leaders, men in education and management are in much greater numbers than elsewhere in the profession. Thus the 'caring paradox' is not only evident in feminist writing, it is also to

be found at the dichotomy of semantic nursing theory and the pragmatics of everyday nursing. The women in my study are situated on a metaphorical faultline. Caring, in one sense, defines them. Unfortunately, it also serves to keep them in a subjugated space.

Cook-Gumperz (1995) identifies the paradox that occurs repeatedly in feminist writing. In the establishment of gender identity, how is it that although young children experience the mother's role as all-powerful, little girls still grow up into young women who will act and talk in ways that allow them to be placed in a secondary position? In what she describes as "the discourse of mothering" (1995: p401), Cook-Gumperz argues that gender relations are constituted in and through daily talk. Caring is merely an extension of the mothering role and, while it has been the focus of feminist enquiry for the past twenty years, *professionalized* caring is strangely absent. Graham (1993) tells us that class and race are the axes of difference among women reflected in their experiences of caring. If class is a major factor in the adoption of the caring role, then it is hardly surprising that the women in my study entered nursing. Their reasons for doing so, in this light, are not because they wished to enter 'academe', but rather they were just doing what came naturally. As Alison says in her narrative:

> In reflecting back to the beginning of the course I had nurses stereotyped, as a lot of people still do, rather than people who have brains and are really going somewhere. I thought nursing was all about caring for somebody, bed bathing them, looking after them when they come round from their operations.

It is easy to see why the 'classroom learning' was such a revelation. It was, quite simply, unexpected. The uneasy relationship between nursing and feminism was addressed in chapter two through its discussion of the 'caring paradox'. It is as if the very thing that inhibits nursing's drive for professional status is also its very essence. Through nursing's strong identification with womanhood, the discourses of motherhood and caring remain dominant; not because they are promulgated from within, but because they are part of the cultural baggage that many women bring with them. In what the women saw as 'their future' has, in fact, been thoroughly determined by their past; that they make it work for them is to their lasting credit.

McMahon (1991), in a autobiographical narrative, considers why women are called to the caring professions and why this work suits them. While there may be theories which can explain the circumstances of women's regulation and subordination, she points out that they do not in any way *enable* women to stop responding to those circumstances with that subordinate behaviour. She casts herself as an *ex*-nurse, in much the same the vein as a recovering alcoholic is an ex-drinker; the fact she 'couldn't stop caring' was seen as a 'compulsion'. Whilst taking issue with the neurotic implication of her narrative, it does raise some interesting points. The relationship between women's work as mothers and women's work as nurses suggests that the decision to work as a nurse is not necessarily one of the individual's own making. Gilligan (1982) has described how women learn to care from their interaction with others; consequently, the women's relationships serve as a 'rehearsal' for the professional subjectivity they later present.

So, in returning to Cook-Gumperz's (1995) notion of the discourse of mothering, I can further develop her argument in relation to 'becoming' a nurse. Through the discursive practices of female (working class) childhood, caring becomes an integral part of a young girl's developing identity. It also becomes highly dependent upon 'the other', as it can only be realized through the other party. Gilligan's (1982) claim that women tend to define themselves in the context of their other relationships is well-founded. For some women, their self-worth is conditional on having somebody to care for, or in Bakhtin's words: "I cannot manage without another, I cannot become myself without another." Admittedly, he was referring to theoretical considerations of dialogue, but a fresh understanding of his concept of dialogical interaction may be drawn from 'the other' *as the one who is dependent.*

Was this the site of tension for Elaine, Karen and Gail? As discussed, caring is not merely an identity, it is also work (Graham 1984). When it becomes 'work', that is, when it becomes professionalized, there are a number of ways in which it impinges upon women's identity. It is this which contributes to the multiple subjectivities which the women have used in their self-representation. Nodding's (1984) argument that human caring, and the memory of caring and being cared for, form the very foundation of ethical response highlights my contention. Her assertion that the process of the 'one-caring' and the one 'cared-for' as being reciprocal can, in part, explain the tensions experienced. For here is the site of the women's new subjectivity; through professionalizing caring, there is an exchange in this reciprocal process. Caring-for is about being *needed*; being cared-for is about being dependent, this

inverse caring relationship is really only revealed when it stops being a 'duty'. Perhaps Florence Nightingale was right after all; nurses' work as an extension of women's work *can* be enabling.

In conclusion, the postmodern methodology of deconstructionism has proved a useful tool in scrutinizing the dominant discourses surrounding the educational experience. The textual chronotopic analysis has highlighted the women's inconsistencies and paradoxes and the location of the binary oppositions within the women's narratives allows us new ways of seeing. The ideologies which prevail often draw rigid boundaries between self and non-self, truth and un-truth, sense and non-sense (Sarap 1989). In breaking down such oppositions, it is possible to identify how one term of a particular antithesis actually inheres within the other. This then makes possible the 'decentring' of the logic that informs the constructed world of the women as it is articulated and understood. Through deconstructing the texts of not only the women in my study, but also of ourselves as teachers *and* practitioners it will become possible to engage in "a corrective moment that enables us to understand the inadequacies of our present practice" (McWilliam 1992: p8).

CHAPTER THIRTEEN

THEORETICAL DEBATE AND CONCLUDING REMARKS

This final chapter has the onerous task of weaving together the multiple strands which have been developed during the course of my thesis. This shall be done through a summary of the key issues by applying four concepts which form the basis of a postmodern critique: language, discourse, *différance* and deconstruction. First, however I offer a brief reprise of postmodernism and its sometimes difficult relationship to feminism and why I found it useful as a methodological tool.

Lyotard (1984) is considered by many to be *the* postmodern thinker and he is one of the few who actually use the term 'postmodern' in his work. For Lyotard, postmodernism is a condition resulting from contemporary Western civilization. This postmodern condition is one in which the 'grand metanarratives of legitimation' are no longer credible. What he actually means by 'grand narratives' are the overarching principles of history; the Enlightenment, for example, which plots the steady and inexorable progression of reason and freedom of the individual. Hegelian dialectics and Marx's thinking on class-consciousness and proletarian revolution are classic 'metanarratives'. For Lyotard, these 'metanarratives' represent a specifically modern approach to the problem of legitimation. They situate discursive practices and methods of enquiry within a broader totalizing metadiscourse which in turn legitimates them. The metadiscourse narrates a story about the whole of human history which claims to guarantee the norms and rules which govern that practice; thus the metanarrative legitimates which discourses are 'real' and 'right', and, by exclusion, those which are not.

However, as Fraser & Nicholson (1988) point out, we should not be misled by Lyotard's focus on narrative philosophies of history. The stress should be on the 'meta' and not the 'narrative'. For Lyotard, a metanarrative is 'meta' in a very strong sense, it claims to be a privileged discourse capable of situating, characterizing and evaluating all other discourses, but is itself not affected in any way by uncertainty or historicity. We can no

longer believe, or accept unquestioningly, the truth claims of these privileged discourses. So-called metadiscourses are just another discourse among others. In the postmodern era legitimation is characterized by its pluralism, pervasiveness and localization. But how does this inform my study?

As stated in the opening chapter, and at a number of subsequent junctures, I initially believed the answer as to why women experience conflict could be explained in terms of theory, specifically critical social theory. This theory relies on the metanarrative of the Hegelian and Marxist stories: that people are oppressed and their subsequent liberation can be achieved through the principles of enlightenment, empowerment and emancipation. Fundamental to the narrative are the categories of class, race and gender and the privileging of the subject as a source of knowledge. It soon became apparent that what I was looking at was an issue of multiplicities which one metanarrative could not legitimate. The field of professional education of nurses consists of a plurality of different groups, even different institutions, whose composite members problematize the norms of their practice, but also, crucially, take responsibility for modifying them as situations require. My task, therefore, became one of identifying and critiquing the macro- and micro-structures which immanate across the boundaries separating relatively discrete practices and discourses. In keeping with the postmodern condition, a critique of domination and subordination along the lines of class, race and gender became secondary, but not redundant. For it is at this point that the value of feminist thinking comes into play.

While Lyotard sees the categories of class, race and gender as being too reductive, the problem for nursing and nurses is, without doubt, a consequence of gendering and stratification. 'Grand' theories of history, culture, society and psychology lay claim to validating the reality of women's oppression at the hands of the 'patriarchy'. Fraser & Nicholson (1988), in their advocation of postmodern feminism, seek to combine the power of critique, which is aphilosophical, with a robustness to analyze sexism in all its forms. Postmodern feminists, they argue, need not abandon the large theoretical tools needed to address these large political problems. But not just any kind of theory will do, however.

Theory, as adopted by feminists, should be explicitly historical and attuned to the cultural specificity of different societies and periods. Importantly, theory should be comparative rather than universal, sensitive to the differences between women. Finally,

postmodern feminism dispenses with the notion of woman as a subject of history: the unitary subject of 'woman' is replaced by plural and complexly constructed conceptions of social identity. Within this conceptualization, gender is one strand among many others, as is class, race, age and so on. Importantly for the women in my study, postmodern feminism recognizes the diversity of women's needs and experiences. The consequence for me as a neophyte 'postmodern feminist researcher' was to accept there was no single solution to the 'problem' of women's education, in the same way as there was no single problem.

To put it as simply as I can, my research has been an exercise of identifying the multiplicity of practices, the pluralism of experiences and the overlapping of alliances which the six women in my study have revealed. While I have demonstrated that some, if not all, the women share some commonalities, there is no universal experience. Nevertheless, that is not to say that the oppression of women is not a reality for many (most/all?) women, rather it exists and occurs with what Fraser & Nicholson (1988: p259) have termed "endless variety and monotonous similarity."

1) Language: the basis of self-representational practice

Language, in the context of my study, is not about words, vocabularies or the rules of grammar. Instead, in keeping with the postmodern perspective, language is about the systems in which meaning is constituted, how cultural practices are organized and in what way people understand and represent themselves and their world. As Scott (1988) observes, without attention to language and the processes by which meanings and categories are constituted, one can only impose oversimplified models which serve to perpetuate conventional understandings, rather than open up the possibility of new interpretations. The point she makes is that we need to find ways to analyze specific 'texts' - not only the written words, but also utterances of any kind and in any medium, including cultural practices - in terms of specific historical and contextual meanings.

In acknowledging this fundamental tenet of postmodern critique, I found the most appropriate tool to be a chronotopic analysis, developed by the literary theorist and semiotician, M.M. Bakhtin. This allowed for a decentring of the subject and the opportunity to observe the effect of language on the individual. What was a significant feature, not only

of the women's autobiographies, but also of their interview transcripts, was their constant search for meaning.

The mainstay of feminist discourse is the belief that the personal is political. I shall now argue that this is a simplistic, not to say essentialist, view. As I have stated in my thesis, it is through language that the six women in my study came to re-present themselves. It has been argued within feminism that what all societies have in common is the existence of some kind of separation between the private and the public sphere; the former the domain of women and the latter the domain of men (Rosaldo 1974; Garmanikow *et al* 1983). In most societies it is women who have responsibility for the bearing and rearing of children, an activity which keeps them in a domestic space (private sphere), thus allowing for the 'natural' continuation of other domestic chores. Men, in the meantime, are afforded the privilege of mobility and engagement in activities which have a political structure. However, despite old adages such as 'the hand that rocks the cradle rules the world' and 'behind every successful man there is a woman', the power women seem to have is viewed as illegitimate and without authority.

Nursing, the reification of womanhood, serves to legitimate that power. But this is not because nursing is a powerful professional group. Far from it. I believe it is because for *some women* there is a realization that the experience of subordination exists in both the private *and* public spaces; it exists at both domestic and workplace level. For the women that achieve this realization, there is resistance to that subordination, which affects both spheres. Paradoxically, the educational space which the women occupy uses a language that is both repressive and productive. In its attempt to regulate its student nurses, nurse education gives them a language which allows them to articulate their dissatisfaction with that very regulation. This resistance in the public sphere of the professional space has a deep political significance and should not be dismissed as 'standard student complaints'. In short, the *political is personal.*

For women who have spent their lives being told what they should be, nursing, it seems, goes a 'diktat' too far (is this why *I* was always in trouble?). So, here is my original premise totally inverted. At the beginning, the conflict that some women experienced whilst attending the *Project 2000* programme was as a result of the emancipatory curriculum which we, as enlightened and liberal teachers, delivered. Some women became empowered and

decided to change the circumstances of their oppression, ergo, they experienced conflict. But while the *language* of the *Project 2000* curriculum could be considered emancipatory, the teaching was not. For the women seemed just as dissatisfied with their experiences in the classroom and in the clinical environment. When they found their 'voice', when they stopped being 'silent', it was to show their dissent and resistance and not their empowerment and emancipation. It is precisely *because* nursing is so oppressed that the women resisted its inherent characteristics.

By employing a postmodern perspective, I have in fact adopted a contraposition. Had I stuck with critical social theory as a theoretical stance, I would have all sorts of trouble making my data 'fit' into its pre-packaged explanations. But by allowing a language 'free-play' it became possible to reveal both the ways in which meaning is acquired and its dependency on dominant discourses. It also made possible the uncovering of 'common-sense' knowledge which the women brought with them. This type of knowledge, trivialized on the one hand and sanctified on the other, relies on a very naive view of language (Weedon 1987). For most of the women, what was taught was common-sense, particularly with regard to *communication studies.* But this type of knowledge is often contradictory and subject to change and it is through language that these contradictions can be revealed. In their production of the identity 'nurse', a representation of subjectivity is required by the women. The 'common-sense' aspect of knowledge undergoes a legitimation process whereby language is appropriated and prefixes like "it's a well known fact that ..." are replaced by "according to ...".

Most of the women, in their narratives, have described a 'falling into place' of theory as it relates to their practice. What we are actually witnessing is their ongoing quest in trying to make sense and meaning out of the new language of professional practice. The problem they have, of course, is the plurality of language and the impossibility of fixing meaning, rendering such a 'falling into place' as no more than an interpretation which is, at best, temporary. But, as Weedon (1987) stresses, that is not to say that meaning *disappears*. For what is crucial to the interpretation of meaning through language is the recognition of the specific discourse within which it is produced and opened to challenge. Because as a profession, and we are not alone here, we teach in a concrete, theoretical and conceptual way, the discursive power relations which are located within our teaching practices remain hidden. Our problem is that because of the high currency on 'nursing knowledge' (which has two

components: scientific theories of *what* nursing is), and humanistic theories of *how* nursing is, students think meaning *should* be fixed. Nursing 'know-that' and nursing 'know-how'. To appreciate the problematic that they present we have to reveal the discourses in which these knowledges are located.

2) Discourses: the 'truth' about becoming a nurse

Discourse is not a language or a text, but a specific structure of statements, terms, categories and beliefs (Scott 1988). Foucault (1977; 1980) suggested that meaning involves conflict and power, that meanings are constantly being contested at local levels within a discursive field of force, and that the power to control a particular field resides in the claim it can lay to scientific knowledge. This knowledge is not only contained within written texts, but also within disciplinary and professional organizations, in institutions and in social relationships. Foucault's main claim regarding his concept of power was that these discursive fields overlap, influence and compete with one another; they appeal to one another's 'truths' for authority and so, for legitimation. These 'truths' are assumed to be self-evident and outside human invention.

The power of these 'truths' lies in that they function as givens, or first premises for both sides of an argument. The result of this, claims Foucault, is that conflicts within discursive fields are framed to *follow* rather than *question* them and so serve to legitimate opposing viewpoints. This shared assumption of what are apparently different arguments exposes the limits of radical criticism as well as revealing the extent of the power of dominant ideologies.

The trouble with nursing is that there resides within it several subject positions which not only legitimate, but also celebrate, the stereotypical versions of femininity. The women in my study are exposed to a range of discourses both within and without the professional space. As nurses they are exposed to the discourse of duty and caring, the discourse of humanism, the discourse of professional ethics, and the discourse of medical science. On the periphery, and constituting foundational studies, are the discourses of social science, psychoanalysis, existential philosophy and management. What they all have in common is their insistence on the existence of a singular meaning and the fact that they are all patriarchal discourses, of

course. The result is a validation of the role and meaning of gender within the health-care sphere.

The discourses located within nursing tend to privilege masculine sources of knowledge, despite their competing against each other, and the fact is that *none* of them offer the prestige of professionalization. Yet, they continue to be reproduced; which begs the question why? Weedon (1987) argues that individuals can only identify their 'own' interests in discourse by becoming the subject of particular discourses. That is, individuals are both the *site* and *subject* of a discursive struggle for their identity. This subject positioning of individuals within specific discourses is never final and is always being challenged. The end result for nursing is that, as a profession, it is constantly being forced to embrace quite contradictory positions. As I have stated in chapter twelve, the adoption of a unified theory of nursing to 'explain' *why* nursing is relies on scientific and reductionist models of knowledge. The irony is that *how* nursing is relies on the humanistic discourse of holism to 'explain' the truth of total care. The consequence for the profession is that this apparent dualism serves existing power relations by splitting nursing theory from nursing practice.

Yet, for the women in my study (and other student nurses to a lesser degree), they are also faced with a range of conflicting subject positions from prevailing cultural discourses. The specific discourses which govern family life have been particularly powerful as they exist not only in the space of the home, but also in the topos of the classroom and in popular culture, where they represent the 'truth'. But in the six narratives, the women's resistance to the inscribed subjectivity of working-class womanhood was visible. The irony is that all bar Christine chose to 'become' nurses, claiming it to be a childhood dream (is it a collective girlhood dream, I wonder?); their resistance to the subject positions of femininity is paradoxical in their choice of work. Or is it? We need to deconstruct what nursing is; but first, we need to know what nursing is *not*.

3) *Différance*: the role of the 'other'

The concept of *différance*, which is the notion that meaning is made through both implicit and explicit contrasting, has proved crucial within the context of my study. So much so, that in the course of my data analysis, it provided the bases of all subsequent discussion.

Positive definition rests on the repression or negation of something as represented as its opposite. Any unitary concept contains repressed or negated material. It is established in explicit opposition to another term, and any analysis of meaning involves teasing out these negations and oppositions and in figuring out how, and whether, they are operating in specific contexts. These oppositions rest on metaphors and cross-references, and often in patriarchal discourse, sexual difference serves to encode meaning that is absolutely unrelated to gender or the body (Scott 1988). Thus, meanings of gender become tied to various and numerous cultural representations and nowhere is this better exemplified than in nursing. The construction of binary opposites, and the implication of a gender relationship, has served to establish nursing as the reification of femininity. But fixed oppositions conceal the extent to which things presented as oppositional are in fact interdependent. In returning to Derrida's (1973) assertion that this opposition is hierarchical, with one term having primacy over the over, nursing's powerlessness is also revealed.

The principles of *différance* which are inscribed in the various prevailing discourses have signifiers which reflect the plurality of meaning. For the women in my study, who have thus far lived their lives as the 'other', now find that the 'other' resides elsewhere also. Because the fixing of subjectivity is so temporary and relies on difference and deferral, the women as the site of discursive struggle and identity production has been uncovered. By defining women by what they are *not*, patriarchal discourses are able to name and describe the 'norm' of women's experiences. But this is a process that the women themselves engage in; for, by resisting specific professional signifiers, they are in fact attempting to re-present particular cultural identities. This phenomenon can be observed in all six narratives. In their descriptions of professional practitioners, in both the topos of clinical practice and the classroom, the women tell how they *do not* wish to signify themselves. It is this practice that makes them at one and the same time the 'Other' and *not* the 'Other'. Thus, if we adopt the Derridian concept of *différance* the impossibility of the existence of an essential speaking subject is demonstrated. Stanley & Wise (1993) argue that essentialism is named and defined in opposition to *différance* around the rejection of claims for the existence of stable sets of properties which differentiate between types of persons. Crucially, there is an insistence on not only *différance* (competing constructions of meaning), but also on 'difference' (the complete fragmentation of experience between people normally seen as sharing the same social attributes). In short, it denies any unified experience (Stanley & Wise 1993).

Let us for a moment attend to the category of 'woman'. The range of binary opposites found within language systems, which structuralists claimed to be 'natural', have served this categorization. But, as Cameron (1985) observed, do binaries exist waiting to be discovered or are they invented as a handy way of analyzing language? Women, claims Spender (1985), have been relegated to a negative semantic space. This practice is a common way of representing words with a female component in their meaning; *woman* is not + female, but instead - male. But within the category 'woman' there exist many other categories which are assigned apparently fixed biological or psychological characteristics. I have argued that the category 'nurse' exists within this larger category of 'woman', thus (some) women are biologically destined to 'care'. Is this why the professional education of nurses is undervalued (pointless), is this why men (suspect sexuality) and graduates (too intelligent) remain anomalous within the profession? Think how different life would be if there existed, or we invented, 'trinaries'!

Within the thesis a number of dualisms have arisen: in each case it is the dichotomy between the two opposites that the women are in fact resisting and not the binary itself. The binaries of public/private, home/work, dependence/independence and semantic/pragmatic have formed the bases of my deconstructive analyses. How this relates to the category of nurse will now be discussed.

4) Deconstruction: the category of 'nurse'

Derrida (1973) maintained that binary opposites could not be taken at face value, but should instead, be deconstructed. This method involves the analysis of the operation of *différance* within the text and the ways in which meanings are made to work. Scott (1988) describes the two related steps needed in the method of deconstruction: the reversal and then the displacement of binary oppositions. This double process reveals the interdependence of apparently dichotomous terms and their meaning relative to a particular history. Thus, it is revealed that these dichotomies are not natural or inevitable, but constructed for particular purposes in particular contexts. The binary opposites which arose from the women's autobiographies were consequently deconstructed to reveal that they were an illusion created through ideology to perpetuate the power which resides in particular discursive fields.

Nursing, in its quest to reconcile its 'domestic' origins with its aspirations of professionalization, finds itself firmly within the spatial framework of the private/public dichotomy. That nursing cannot be divorced from female sexuality is fundamental when situating nursing within this private/public spatial framework. Because of the nature of nurses' work, that too is firmly situated in the private space. Paradoxically, however, nurses and nursing exist in the public domain: in media campaigns on the profession's behalf, images in popular culture, and, crucially, its control and regulation through political and legislative mechanisms. What they do 'behind screens' is private, otherwise it is heavily regulated and policed.

Garmanikow *et al* (1983) argue that it is clear that the private/public distinction is gendered and that this binary opposition is used to legitimate oppression and dependence on the basis of gender. Within the category of private they include the domestic, the natural, the family, unwaged labour, reproduction and sexuality, and, I would argue, 'nursing past'; while within the category of public is critical discourse, production, justice, the state, the cultural and the abstract, and, I believe, we are now seeing the emergence of 'nursing future'. The notion of 'spaces', real or metaphorical, which are privatized have a tendency to be seen as natural and apolitical. But not all spaces are clearly demarcated and, as such, are subject to various territorializing and deterritorializing processes whereby local control is fixed, claimed challenged, forfeited and privatized (Duncan 1996). In some cases this has provided a site of resistance from which previously disempowered groups may become empowered; my contention is that nursing unintentionally provides such a site. The transition is not yet complete and so the profession is in a process of 'becoming', as it struggles to develop a language (as do the women). Crucially, however, this 'becoming' is not related to the professionalizing discourses of nursing, rather it is as a result of the resistance from within it by its members.

Being constructed and shaped through ideology, the women's subjectivities (as well as those of others) nevertheless remain real for them within these spaces. It is in the spatial boundary of the 'home' that the subject position of wife/mother/daughter is resisted; meanwhile in the spatial boundary of the professional space the subject position of regulated worker is resisted.

Thus the discursive practices of the professional space continue, albeit in a different form, as the dislocation from the private to the public sphere occurs. Nursing, with all its stereotypic images and gendered connotations, goes beyond the 'domestic' aspect of work perhaps because of the resistance to its dominant discourses. Nevertheless, fundamental to this dislocation has been the shift from vocational 'training' to non-vocational, university-based education. The private sphere of women's domestic roles has given way to the public sphere of professional practice. There is an immense irony residing here. The development and legitimation of 'nursing knowledge' has not necessarily created the elusive 'knowledgeable doer', but it has led to the acquisition of 'new' languages. Nursing, the ultimate feminine pursuit, once seen as a 'safe' space for women to occupy, has actually become a site of resistance as the women use it to create a space meaningful to *them*.

A common theme within some of the women's narratives is the relocation from a dependent 'other' to independent 'self': a position which has been the site of tension and conflict for many women, as well as a focus for feminist writing. But, in keeping with the assertion of false dichotomies, a new reading can be made of this binary opposition. A definition of 'dependency' suggests a "reliance upon, a seeking of attention, care or help from others" (Yanay 1990:220). In 'becoming' a nurse the women have found an authentic outlet for their repressed feelings and the result for them is a perceived sense of freedom and independence. The 'knock-on' effect was the dislocation of their spatial positions within the topos of 'home'. But dependency has a positive element in that it provides the condition for growth and enrichment (Miller 1976). In fact Memmi (1984) goes further again in considering dependency as an ontological need: "On the whole, dependence is one of the basic elements of the bond that ties one member of society to another" (p154). By imposing gender upon the binary opposition of dependency/independency, a negative (that is female) connotation is placed upon it. Therefore in resisting the prescribed subjectivities of the 'dependent other' women will seek to occupy spaces which can confer upon them 'autonomy' and 'independence'. How this is attained remains grounded in the subjectivities they bring with them. For they continue to 'care', only the space they reside in is different in that it affords them the title 'professional'.

5) Theoretical debate

My argument throughout this thesis has been that nursing is not only gendered, but also stratified. Working class girls who went into nursing did their families proud. Middle-class girls were perhaps using it as a stopgap till marriage (*where* one trained was very important as it improved the chances of 'catching' a doctor). It also provided an escape route from a life of drudgery, for being a nurse offered protection against marriage. Better still, its spiritual 'calling' imbued a sense of sacrifice on the part of the nurse and thus reified idealized womanhood.

But nursing has always had its radical element (albeit a genteel one) and since Florence Nightingale there has been an ongoing struggle to gain professional status. The conundrum is *how* to professionalize an occupational group whose origins are firmly grounded in domestic care. The line between qualified nursing care and lay nursing care (both the province of women) has never been clearly defined. Nevertheless, the discipline of nursing theory has spent the past few decades developing a unique body of nursing knowledge. Major reform in the late 1980s allowed for a new form of professional education; *Project 2000* was to give a university education to its student nurses. The entry gate remained the same; and it also remained as gendered and stratified as ever, despite various recruitment campaigns aimed at men and graduates.

What lies at the centre of the educational predicament in nursing is its 'caring' role. A noble calling, while altruism is a strength in individuals, it is also a social weakness (Bunting & Campbell 1990). For while feminists have sought to ameliorate the working conditions of women in male-dominated spaces of employment, a project which although unfinished has had undoubted success, the case of nursing has been spectacularly unsuccessful. This is the ultimate irony. Feminism has allowed women to gain entrance to fields as diverse as space exploration and carpentry and yet it has failed miserably in making the female-dominated work space of nursing a less oppressive one.

'Caring' has been claimed as the essence of nursing and, by extension, the field's 'special knowledge' (Olsen 1997). Consistent with professionalization theory, identifying, developing and successfully laying claim to 'special knowledge' is viewed as crucial to establishing nursing as a fully-fledged profession. For Lynhaugh & Fagin (1988) caring is the

common link that brings nurses together while Leininger (1988) adds "caring is the central, dominant and unifying feature of nursing" (p153). As I have discussed earlier in the thesis, the argument for caring is generally legitimized by asserting its historic basis (see chapters one and twelve), but this is yet another site of tension. The reason feminists have been so unsuccessful in ameliorating this tension is because they actually contribute to it.

Crucially, caring does not involve specific tasks; instead it involves creating and sustaining a relationship with the other (Davies 1995). It is inevitable that tensions are created in the home as the public and private relationships compete for primacy. Donahue (1991), quoting Stewart, makes a similar claim in that:

> The real essence of nursing ... lies not in the mechanical details of execution, not in the dexterity of the performer, but in the creative imagination, the sensitive spirit and the intelligent understanding that underlies these techniques and skills. Without these, nursing may become a highly skilled trade, but it cannot become a profession (Donahue 1991: p149).

Here lies our paradox. For all the feminist ideals of moving away from the masculine definition of healthcare to a new feminine defined future of mutual regard and woman-centredness, for all the talk of reframing caring as the binary opposite of aggression and adopting the moral imperative to care, it must be *demonstrated* and not just 'talked about'. But nursing in its pursuit of a 'unique body of knowledge' has sought to implement unified theory to explain what nursing 'is', on the one hand, and conceptual notions of holism as a means of articulating nurses' role and expertise, on the other. Let us return to the semantic/pragmatic dichotomy for a moment. Holism is the root philosophy of care, it equips nurses with the language to articulate the care they give, care that is then underpinned by scientific theories of nursing. Put quite simply, they just don't 'fit'.

Boschma (1997) argues that the role of gendered holistic ideology is responsible for the ambivalence which exists surrounding nurses' expertise. These gender politics have hurt women who chose nursing as a career at an individual level and the six women in my study demonstrate this. The dilemma which exists for feminists, both inside the field and out, has been whether or not to advocate women's position as men to equal to, or different from, men's. The equality/difference dichotomy has been fully discussed within the literature (Scott 1988; Reverby 1993; Davies 1995) and I think it has extreme importance in what I have

referred to as the 'educational predicament' in nursing. The questions we must ask are: can gender matter and not matter simultaneously? How can we value caring as women's work and still accept that not all women are expected to do it?

Baer (1997) addresses the conundrum by making the following distinctions: to believe that women are different from men means to adhere to the premise that certain womanly skills are considered inherently connected to femininity; that certain skills are linked to female identity rather than chosen as work; that certain characteristics are duties emerging from biological determinants and not rights that one chooses to exercise; and that women who choose traditionally female roles may not be choosing them at all, but are merely extending their prescribed role. On the other hand, the 'women as equal' exponents reject the notion that there are characteristics or skills that are inherently gender-related. They argue that social characteristics are developed by acculturation and that work is related to their cultural environment.

In a rather bizarre fashion, this dichotomy is found in the educational space of nursing. The semantics of nursing are expounding the 'women/nurses as equal to men/doctors' discourse, while the pragmatics of nursing produce the 'women/nurses are different' discourse. As Scott (1988) warns, by pairing equality and difference together, they structure an impossible choice. For in opting for nurses as equal, one is forced to reject the notion of difference, thus relegating nursing as 'pointless'. But, in opting for difference, then we admit that equality is unattainable and as a profession we shall remain subordinate. When the equal/different dichotomy is imposed onto 'caring' there is to some degree a 'weaving' of many of the loose ends in this thesis.

Because 'caring' is a traditional feature of many female groups, valuing it without rejecting the demand from women to be respected as individuals is problematic. Consequently, the implication is that caring for another and autonomy are contradictory, and that, in caring, women lose their independent self. Here lies the tension for feminism; for in championing nurses' roles it appears that political support is being given to oppressive practices. Far better to change what nurses 'do' and this results in the 'talking-up' of the rational-technical aspects of health care, with caring roles relegated to support staff. The assumption that 'to care' equals a loss of independence has, I believe, been disputed through the women's autobiographies. But much more fundamental, and of prime importance to

nursing, is that this implication has far reaching effects on our patients and clients, as it advocates a distancing. This is, of course, the very thing that the medical profession is most heavily criticized for. Do nurses *really* want to be equal?

As I have argued in the previous chapter, in 'becoming' nurses the women adopt a professional caring role. This is clearly a totally different enterprise to that which they engaged in as daughters, wives and mothers, for professional caring lacks the same emotional investment in the relationship. My contention is that nursing is 'different': it is different from being a woman and it is different from being a doctor (or any other health professional). But it is also equal to other professions such as teaching, social work and so on. The professional education of nursing in its quest to reconcile its domestic and feminine past does not need to deny it, but nor does it need to celebrate it. It just needs to accept it, and move on. Nursing may have been failed by feminism, but perhaps a postmodernist approach will allow it to exist with the dislocations and contradictions which reside within it. The micro-practices which have been revealed through the women's narratives in their 'becoming' nurses have in turn revealed the macro-politics which pervade nursing. In short, they are both in and of nursing: they may resist its discourses, but those very discourses gave them the language to do so.

6. Conclusion and recommendations

Self-representation is central to the ongoing construction of feminism, but can only be understood within the contexts of the discourses in which it is located. That is my thesis. I am however reluctant to make 'recommendations' as this implies I have 'the' answer to 'the' problem. It also raises a smile, for I cannot help but think of the *Monty Python* sketch which parodied children's magazine programmes in the mould of 'Blue Peter' and 'Magpie'. After making some structure with 'sticky-backed plastic' and old toilet roles, the presenters told children how to achieve world peace. "Well, first gather all the world leaders together, and then tell them to jolly well stop fighting and get along with each other." Research recommendations also seem to be made in this same naive way, high on ideals, but low on understanding the minutiae of the issues.

My task now is to summarize the main arguments and *perhaps* suggest strategies which may redress the balance. So, in returning to the first part of my thesis, where the historical and policy foundation was laid, I discussed the apparently irreconcilable differences between the twin ideologies which have shaped nursing: domesticity and professionalization. Nursing is inextricably linked with female biology and this 'anatomy-is-destiny' view of reality has been countered by the move to attain the elusive status of 'profession'. Despite the role of Florence Nightingale and her middle and upper-class contemporaries, nursing remains as stratified as ever. The origins of modern nursing ensure it as gendered and consequently it provides work for a particular 'type' of woman. Of course I'm not saying that there are only working-class females in nursing. This is, of course, not the case. But I will argue that the reasons for men and graduates entering the profession are far different from those of the traditional entrant. If I may digress at this point with an anecdote. A colleague of mine was horrified when her daughter came in and asked how she could apply for *Project 2000*. When I asked why she was so upset it was because "she's doing her 'A' levels, we want her to go to university, I don't her to throw it all away and become a *nurse*".

Nursing has been a constant in the nation's history in that it reflects contemporary issues. This, and its reliance on legislative change, ties it inextricably with political ideals and outcomes. It is therefore inevitable that it has come to reify womanhood with freedoms and decision-making processes (not to mention money) always *given*. If, as a profession, we are *really* good, we can expect a little 'treat'. Requests for pay improvements and better working conditions are at the expense of our patients, so self-sacrifice is expected. We *never* strike, we only complain to each other, those who are radical are labelled Marxists or (even worse) feminists. When the women's movement has turned its gaze to nursing it has been to chastize its members for perpetuating feminine stereotypes.

The various theories of oppression have all been applied to nursing and this is no surprise. Even those from within nursing have a tendency to encourage a degree of marginalization by its members if they wish to survive the hostile environment of health care (Kramer 1974; Kramer & Schmelenburg 1978). Not only is nursing devalued from without, it is also devalued from within. Winning approval from doctors is seen as a paramount concern, leading to what Marriner (1978) has called the 'narcissistic-fit', where the doctor will praise the nurse on the understanding she accepts his superiority. No wonder Lovell (1984) likened the doctor-nurse relationship to a marriage. For the most fundamental principle in nursing is

the concept of 'care': it is also where the tension with feminism lies. Miller (1991) argues that feminist ideology is foundational to the discipline of nursing in that nursing history *was* women's history. But because nursing appeals to 'certain' women (that is, women who want to please men) the profession will remain isolated from mainstream feminism. There's nothing like a bit of victim-blaming, is there?

Since nursing is the *bête-noir* of the feminist movement, the dream of achieving professional status has been pursued from within. The choice is a simple one: either accept the domestic and feminine aspects which have shaped nursing or radically overhaul the system by which nurses train. Enter *Project 2000*. A mere 40 years after the first recommendations were made by the Wood Committee, the 'new' educational programme was introduced. It is at this juncture that things take a turn. For what was also introduced was non-vocationalism, and it can be argued that this extra-mural dimension led to conflict for many students, particularly mature women. It was as if what was once seen as 'suitable' job for a woman, in that it was 'safe', had suddenly become 'unsafe' as it moved into a university setting. It is easy to see why I was seduced by the notion of emancipatory education, and, having read *Pedagogy of the Oppressed* by Paulo Freire, I thought I had the answer. It was just like that film, *Educating Rita*: all these mature, usually working class women, experiencing all sorts of problems. It was just as well I was around to solve the problem!

Of course, things are never that simple and, as I began to gather background literature, I realized this. Because of the massive changes that the Health Service has seen, the effect on nurse education has been quite startling. For all my advocation of emancipatory education and nursing as an oppressed group, the very environment in which my own practice was situated was embracing Thatcherite Toryism as the internal market was introduced. In short, it did not exactly conjure up a vision of liberal teaching methods. Nevertheless, *something* was happening, but it was happening to *everybody*. Students and teachers seemed to have much in common. In entering higher education, nursing found itself in a hostile place. By retaining the same entry criteria, the gendering and stratification elements remained. Women, who in ordinary circumstances would never have contemplated a university education, now found themselves in that very place. The irony is that since education is not considered conducive to being a 'good nurse', the clinical environment can be just as hostile. In order to function, today's student nurses have to adopt different identities dependent on the

space they are occupying. A penny began to drop; was this the reason for conflict in some women?

Despite the somewhat ambivalent relationship between nursing and feminism, I was in no doubt that I needed to use a feminist methodology for my research. But the effect which I was investigating was by no means universal. As I questioned my commitment to critical social theory, I was also becoming aware of the postmodern critique. Although feminism is derived from critical social theory, it is not mutually exclusive, and despite tensions, postmodern feminism provided the necessary theoretical framework.

Feminism's central argument has been that seeing the world through women's eyes gains not only a new perspective, but also one that is significantly better, as women are credited with a privileged position (Harding 1987). Whilst acknowledging the contributions some feminists have made, Fraser & Nicholson (1990) have criticized such essentialist arguments: the idea of 'sisterhood' was at the cost of repression of difference among women. A new form of feminism is now here which sees its joining together with postmodernism. Gender ought to be understood as a continuum and not a dichotomy and the question of the existence of the subject should be raised.

This disagreement over meanings is a canon of postmodernism: what language *means* differs between people. Feminist theory does not reject the idea that an individual has a certain perspective on the world, nor does it ignore the moral implication. However postmodernism feminism has had to accommodate the notion that seeing the world as a woman is not so simple as there is no stable, unitary 'woman'. Rather there are a number of selves that occupy certain distinct positions. This has been fundamental to my study, the aim of which has been not only to reveal the differing cultural identities the women produced, but also what Foucault (1980) termed the organized effort to resist subscribed identities.

Without question, what is most attractive to feminists in postmodernism is its emphasis on difference and diversity and the way it includes previously marginalized voices. Fraser (1989) applauds postmodernism because it focuses on particular struggles, links knowledge production with power, and recognizes the political role played by experts. Postmodernism opens up the discourse to include a wide range of women, particularly those on the margins, such as the women in my study. It also opposes the universality of arguments

and positions, and allows us to see the social concreteness of our own thought as well as that of others. But, most importantly, postmodernism (as does feminism) criticizes objectivity which it sees as a modernist assumption: it critiques it methodologically by showing that each observer sees the world from their own position, each brings a social biography to the act of viewing.

There remains, however, a 'blot on the landscape' when researching from a postmodern perspective. In its insistence on the constant deferral of meaning, it somehow renders any form of enquiry utterly pointless. Whilst accepting the rejection of the subject as a privileged source of knowledge, there must be a way of *theorizing* the subject. Because of my fondness for reading auto/biographies I happened upon chronotopic analysis quite by accident. It has been adapted by theorists in the field of literary criticism to 'fix' the speaking subject within specific discourses. But biographical studies tend to celebrate the extraordinary, historical woman. Could the ordinary women in my study, in telling their own mundane biographies, also be 'fixed' within discourse?

If I had any doubts, then actually reading the women's narratives dispelled them. They produced accounts of their lives that were both humorous and moving, articulate and prosaic. I felt humble and privileged in becoming their biographer. But when I actually applied the chronotopic analysis even I was surprised at the results. The range of subject positions which were adopted by all the women was vast. There was an almost seamless immanation between one subjectivity and another. Where contradictions did occur, they were rationalized without any effort, and yet ... .

While the effect of language was laid bare, and the power of discourse made apparent, there remained an unanswered question. *Where* was the site of their tension? For some women it was the home, for some women it was the classroom, and for some women it was the practice area. Resistance was everywhere. It seemed to lie in the false dichotomies which have been discussed in the previous section, a deconstructive exercise revealing that the women were being confronted by their own history within the professional space. *Here* is their conflict, for in their 'becoming' a nurse, their 'otherness' is reinforced. Paradoxically, the language of contemporary health care and its pluralist approach to knowledge production, which represses the women, also gave them a 'voice'.

What a voice! What began as an attempt to describe mature women's experiences in the space of nurse education has ended as a critique upon the profession as a whole. Crucially, it has raised the profile of issues which are accepted as 'natural'; even though they are problematic, they continue to reside within nursing. An iconoclastic approach is called for. Pragmatism rules, the sacred cows of nursing are in need of shooting. In a strange way I feel more positive about the future. There *is* a place for the medical model; people in hospital are sick sometimes. There is a place for holism; caring should be a whole body experience. We need to learn when and where to use knowledge, we need to know when it is redundant, and we need to be able to recognise that sometimes it does not have the 'answer'.

Many jobs that women hold in both public and private spaces are gendered and this results in misunderstanding and, at times, a mystification of what they do. Nursing is an amalgam of all the things that women 'do'. Whilst not excluded, they are marginalized and their resistance should be facilitated and not repressed. The women in my study, through their location on the 'fault line', are in a position to reveal the discursive practices which pervade the profession. In short, theirs (and others) are a voice that needs to be heard. We have given them a language, now let us listen to it.

ENDNOTE

The normal 'shelf life' of nursing curricula is five years. As I prepared for this research study in 1994, I was also involved in a planning task group for the 'mark 2' *Project 2000* at the same time. This was the programme which commenced in September that year, and the women in my study were part of its first cohort. Last week I attended a curriculum planning meeting, the purpose of which was to prepare the new 'mark 3' *Project 2000* programme for its validation process. It seems somehow fitting that we (me and 'it'), find ourselves connected once more. An interesting feature of the discussion was how often the word 'pragmatic' was actually used. My heart lifted, albeit temporarily; for despite the best efforts of the nurse educators present to radicalize *how* nurses are prepared for practice, the scenario became depressingly similar. In a bizarre conspiracy, institutions have stymied our grandiose plans. The Department of Health, the UKCC, the European Commission and the University's own unitization regulations and policies ensure the semantics of education have primacy. Macro-politics and micro-practices, it was ever thus.

As for the women; Elaine is a midwifery undergraduate, she will qualify in 1999. Christine is a staff nurse in general theatres, where "she loves it." Elaine is working in a rehabilitation unit; unfortunately since the breakdown of her marriage shift work is proving a problem. Karen, like Elaine, is also in rehabilitation, where she will stay until such time as she has gained experience, then it is her aim to work in a community setting. Isobel, still searching for 'something', is presently working in neuro-paediatrics, but she says, is "happy for now." Finally, Gail, also single again, is a staff nurse on a general surgery ward; she still intends to travel.

Me? I am indulging myself in more 'learning' and am taking Italian classes, language obviously compels me in some way! I do, however, still think back to 'The Advert' and wonder what my subject position would be now, had I never seen it. The thought of *not* being a nurse is so alien to me and yet, would I be different? All I know is that 'becoming' one has given me *this* voice.

APPENDIX 1:

Statutory Instrument No 1456 The Nurses, Midwives and Health Visitors (Registered Fever Nurses Amendment Rules) Approval Order (UKCC 1989).

The Common Foundation Programme and the Branch Programme, shall be designed to prepare the student to assume the responsibilities and accountability that registration confers, and to prepare the nursing student to apply knowledge and skills to meet the nursing needs of individuals and of groups in health and in sickness in the area of practice of the Branch Programme and shall include enabling the student to achieve the following outcomes:-

1) the identification of the social and health implications of pregnancy and child-bearing, physical and mental handicap, disease, disability, or ageing for the individual, her or his friends, family and community;

2) the recognition of common factors which contribute to it, and those which adversely affect, physical mental and social well-being of patient and clients and take appropriate action;

3) the use of relevant literature and research to inform the practice of nursing;

4) the appreciation of the social, political and cultural factors in relation to health care;

5) an understanding of the requirements of legislation relevant to the practice of nursing;

6) the use of appropriate communication skills to enable the development of helpful caring relationships with patients and clients and their families and friends, and to initiate and conduct therapeutic relationships with patients and clients;

7) the identification of health related learning needs of patients and clients and to participate in health promotion

8) an understanding of the ethics of health care and of the nursing profession and the responsibilities which these impose on the nurse's professional practice;

9) the identification of the needs of patient and clients to enable them to progress from varying degrees of dependence to maximum independence, or to a peaceful death;

10) the identification of physical, psychological, social and spiritual needs of the patient or client; an awareness of values and concepts of individual care; the ability to devise a plan of care, contribute to its implementation and evaluation; and the demonstration of the application of the principles of a problem-solving approach to the practice of nursing;

11) the ability to function effectively in a team and participate in a multi-professional approach to the care of patients and clients;

12) the use of the appropriate channel of referral for matters not within her sphere of competence;

13) the assignment of duties to others and the supervision, teaching and monitoring of assigned duties.

APPENDIX 2

Unit descriptors

UNIVERSITY *of* NORTHUMBRIA *at* NEWCASTLE

UNIT DESCRIPTOR

Unit Code: **CFP 2** **Academic Year:** **N/A** ***Origin:*** **Home**

Unit Title: **Foundations of Nursing**

HESA Code:

Unit Level: **0** **Unit Size:** **1.5** **Credit Points:** **0**

UNN Subject Division: Division of Adult Nursing

Head of Subject Division (or equivalent): D O'Brien

UNN Department (or equivalent):

UNN Faculty (or equivalent): HSWE

Funding Group/ASC: **Cost Centre:** **Approval Date:**

Unit Author: S O'Dea

This Unit has the following Delivery Modes at the Locations Shown:

Delivery Mode:	*Location of Delivery*
	Teaching Centre
	Practice Based

SYNOPSIS OF UNIT:
A brief overview of aims, content, methods and assessment.

This unit will introduce students to the nature of nursing, and explores past, present and future perspectives. Ethical issues which impact on client care will be examined. The unit introduces students to the role of the nurse and multidisciplinary team, and the theoretical underpinnings of nursing practice. A practice component is included. The unit enables students to appreciate the uniqueness of nursing and prepares them for future roles and responsibilities in client care.

PREREQUISITE(S):

Any Unit which must have already been taken at a lower level, or any stipulated level of prior knowledge required.

N/A

COREQUISITE(S):
Units at the same level which must be taken with this unit.

1. Health Policy and Community Studies
2. The Adult Learner

AIMS OF UNIT:
Specified in terms of general aim of the teaching in its relation to the Subject.

To gain insight into the role of the nurse in health and illness.
To begin to develop knowledge and understanding of the theory underpinning.
To understand the foundations, principles and concepts of ethico-legal systems as applied to health care professionals

LEARNING OUTCOMES:
Specified in terms of performance capability to be shown on completion of the Unit.

1. Outline the role of the nurse in health and illness
2. Explain the purpose of nursing models and the nursing process and identify key components
3. Describe how nurses may assist individuals to meet their basic needs
4. Identify factors to consider when maintaining safety in the care environment
5. Outline the principles on which moral issues are discussed

OUTLINE SYLLABUS:
The content of the Unit, identified in a component listing.

<u>RESEARCH</u>
History of nursing knowledge

<u>NURSING THEORY</u>
Nature of nursing
The evolving role of the nurse and other members of the health care team
Introduction to a systematic approach to nursing care
Introduction to nursing models
Nursing intervention in health and illness
Implementation of research-based care
Promotion of safety in the care environment

ETHICAL AND LEGAL STUDIES

Role of UKCC
Legal and ethical issues relating to confidentiality and consent
Introduction to British legal system
Key aspects of societal law and their implications for health care professionals
Foundation of ethical principles
Moral principles
Dimensions of moral reasoning and moral decision making

TEACHING & LEARNING STRATEGIES

The unit will be delivered using a combination of lecture and discussion, seminars, directed and independent learning.

This Unit will involve

Lectures	✓
Seminars	✓
Groupwork	✓
Project Work	
Directed Learning	✓
Independent Learning	✓
Formative Assessment	
IT in Teaching	
IT in Learning	
IT in Assessment	

UNIVERSITY *of* NORTHUMBRIA *at* NEWCASTLE

UNIT DESCRIPTOR

Unit Code: **CFP 7** **Academic Year:** **N/A** ***Origin:*** **Home**

Unit Title: **Health Policy and Community Studies**

HESA Code:

Unit Level: **0** **Unit Size:** **0.5** **Credit Points:** **0**

UNN Subject Division: Division of Adult Nursing

Head of Subject Division (or equivalent): D O'Brien

UNN Department (or equivalent):

UNN Faculty (or equivalent): HSWE

Funding Group/ASC: **Cost Centre:** **Approval Date:**

Unit Author: S Rooney

This Unit has the following Delivery Modes at the Locations Shown:

Delivery Mode:	*Location of Delivery*
	Teaching Centre

SYNOPSIS OF UNIT:
A brief overview of aims, content, methods and assessment.

This unit is designed to introduce students to social policy and welfare and its scope in relation to nursing. Focusing in particular on Health policy and its implementation, the unit relates this to the practice placement occurring within the community

PREREQUISITE(S):

Any Unit which must have already been taken at a lower level, or any stipulated level of prior knowledge required.

N/A

COREQUISITE(S):

Units at the same level which must be taken with this unit.

1. Foundations of Nursing
2. The Adult Learner

AIMS OF UNIT:

Specified in terms of general aim of the teaching in its relation to the Subject.

To create a contextual background for the provision of nursing care
To debate the relevance of social policy and welfare provision to nursing
To outline the development of health policy in the UK
To introduce theories of welfare and welfare provision

LEARNING OUTCOMES:

Specified in terms of performance capability to be shown on completion of the Unit.

1. Explain the scope and aims of welfare provision in the UK
2. Describe the various sectors of welfare provision
3.Identify the contribution of nursing within the wider context of social policy and welfare state in the UK
4.Describe the origins and development of health policy and the welfare state in the UK
5.Discuss the relevance of theories of welfare and welfare provision

OUTLINE SYLLABUS:

The content of the Unit, identified in a component listing.

An introduction to social policy and welfare in relation to nursing - scope for social policy, nature of social problems/welfare services, the welfare state in Britain. Theories of welfare

Health policy and its implementation at macro and micro levels

Outline of services dealing with health and illness. Statutory services, private sector care, internal care network, voluntary sector.

TEACHING & LEARNING STRATEGIES

A combination of lecture to introduce information, followed by tutorials to enable application of knowledge to practice experiences. Independent learning is also included.

This Unit will involve

Lectures	✓
Seminars	✓
Groupwork	✓
Project Work	✓
Directed Learning	✓
Independent Learning	✓
Formative Assessment	
IT in Teaching	
IT in Learning	
IT in Assessment	

UNIVERSITY *of* NORTHUMBRIA *at* NEWCASTLE

UNIT DESCRIPTOR

Unit Code: CFP 8 **Academic Year:** N/A *Origin:* Home

Unit Title: Health and the Role of the Nurse

HESA Code:

Unit Level: 0 **Unit Size:** 1.5 **Credit Points:** 0

UNN Subject Division: Division of Primary and Community Care

Head of Subject Division (or equivalent): H Scott

UNN Department (or equivalent):

UNN Faculty (or equivalent): HSWE

Funding Group/ASC: **Cost Centre:** **Approval Date:**

Unit Author: S Carr

This Unit has the following Delivery Modes at the Locations Shown:

Delivery Mode:	*Location of Delivery*
	Teaching Centre
	Practice Based

SYNOPSIS OF UNIT:

A brief overview of aims, content, methods and assessment.

This unit explore the role of the nurse and multidisciplinary team in promoting health. The theoretical basis of nursing intervention will be examined. Practice placements will allow students to appreciate the relationship of theory and practice within community and institutional settings.

PREREQUISITE(S):

Any Unit which must have already been taken at a lower level, or any stipulated level of prior knowledge required.

N/A

COREQUISITE(S):

Units at the same level which must be taken with this unit.

1. Psychological and Sociological Perspectives of Health
2. Methods of Enquiry and Information Management
3. Human Growth and Physiological Development

AIMS OF UNIT:

Specified in terms of general aim of the teaching in its relation to the Subject.

To explore the concepts of health and health promotion
To consider the role of the nurse and the multidisciplinary team
To understand the foundations, principles and concepts of ethico-legal systems as applied to health care professionals

LEARNING OUTCOMES:

Specified in terms of performance capability to be shown on completion of the Unit.

1. Define health, explore concepts and identify factors which may influence health
2. Describe the components of a 'healthy' lifestyle
3. Define health promotion and outline the activities which this may entail
4. Discuss the role of the nurse and other members of the health care team
5. Demonstrate an understanding of ethical and legal criteria
6. Outline the role and responsibility of the nurse in health and ill-health in respect of legislation relating to nurse-client relationships and client rights

OUTLINE SYLLABUS:

The content of the Unit, identified in a component listing.

NURSING THEORY

Health - to include definitions, concepts, models of health, factors influencing health, individual versus collective responsibility for health. Relationship between lifestyle and health. Health education and promotion - international, national and local strategies (Health of the Nation). Role of the nurse in promoting health. Models of health promotion. Levels of prevention, theory and practice of screening. Changing patterns and expectations of health and deviations from health. Reports and legislation relating to health care in the community and institutional care. Safety issues relating to care: drug administration; moving and

handling. The role of voluntary agencies and statutory organizations. Complimentary therapies.

ETHICAL AND LEGAL STUDIES

Legal issues relating to law of tort, negligence, breach of contract, assault and battery
Legal issues relating to confidentiality and consent and ethical dilemmas.

COMMUNICATION STUDIES

Multidisciplinary communications

TEACHING & LEARNING STRATEGIES

The unit will be delivered using a combination of lecture and discussion, with small groups and seminars to facilitate the application of theory to practice, building on the practical experience which takes place within this unit. Tutorials to monitor progress will be timetabled

This Unit will involve

Lectures	✓
Seminars	✓
Groupwork	✓
Project Work	✓
Directed Learning	✓
Independent Learning	✓
Formative Assessment	
IT in Teaching	
IT in Learning	
IT in Assessment	

UNIVERSITY *of* NORTHUMBRIA *at* NEWCASTLE

UNIT DESCRIPTOR

Unit Code: **CFP 11** **Academic Year:** **N/A** ***Origin:*** **Home**

Unit Title: **Methods of Enquiry and Information Management**

HESA Code:

Unit Level: **1** **Unit Size: 1.0** **Credit Points: 10**

UNN Subject Division: Division of Professional Learning and Practice Development

Head of Subject Division (or equivalent): J Miller

UNN Department (or equivalent):

UNN Faculty (or equivalent): HSWE

Funding Group/ASC: **Cost Centre:** **Approval Date:**

Unit Author: J Harden

This Unit has the following Delivery Modes at the Locations Shown:

Delivery Mode:	*Location of Delivery*
	Teaching Centre

SYNOPSIS OF UNIT:

A brief overview of aims, content, methods and assessment.

This unit will introduce students to critical thinking and its relevance in nursing and health care. The processes of critical thinking, problem solving and decision making will bc explored. Information technology in health care will be explored. Information technology in health care will also be addressed and students will gain experience in word processing.

PREREQUISITE(S):

Any Unit which must have already been taken at a lower level, or any stipulated level of prior knowledge required.

N/A

COREQUISITE(S):
Units at the same level which must be taken with this unit.

1. Psychological and Sociological Perspectives of Health
2. Human Growth and Physiological Development
3. Health and the Role of the Nurse

AIMS OF UNIT:
Specified in terms of general aim of the teaching in its relation to the Subject.
To introduce students to critical thinking and its importance in nursing and health care.
To appreciate the processes of critical thinking, problem solving and decision making
To gain insight into how information technology contributes to effective information management

LEARNING OUTCOMES:
Specified in terms of performance capability to be shown on completion of the Unit.

1. Explain what is meant by critical thinking and ways in which it may developed
2. Describe the processes involved in critical thinking. Problem solving and decision making
3. Use the criteria of critical thinking to distinguish between vagueness and ambiguity
4. To distinguish definitions from value judgements and slogans
5 To identify relations between different components of arguments
6. Explain how IT may be used in information management
7. Demonstrate basic skills in computer use, particularly in relation to word processing

OUTLINE SYLLABUS:
The content of the Unit, identified in a component listing.

<u>MANAGEMENT</u>

Situational analysis applied to management, critical thinking, problem solving, decision making.

<u>RESEARCH</u>

Introduction to critical thinking
Critical studies - to include fallacy and reasoning. Critical studies in the Nursing Process, arguments and social construction of knowledge.

INFORMATION TECHNOLOGY

Introduction to computers and word processing. Word processing practice with supervision.
Communication through use of InfoTech, networks, interchange of information.
Spreadsheets, use of databases

TEACHING & LEARNING STRATEGIES

The unit will be delivered using a combination of lecture and discussion, seminars, laboratory work and directed and independent learning.

This Unit will involve

Lectures	✓
Seminars	✓
Groupwork	✓
Project Work	
Directed Learning	✓
Independent Learning	✓
Formative Assessment	
IT in Teaching	✓
IT in Learning	✓
IT in Assessment	✓

UNIVERSITY *of* NORTHUMBRIA *at* NEWCASTLE

UNIT DESCRIPTOR

Unit Code: **CFP 12** **Academic Year:** **N/A** ***Origin:*** **Home**

Unit Title: **Health care Systems**

HESA Code:

Unit Level: **1** **Unit Size:** **0.5** **Credit Points:** **5**

UNN Subject Division: Division of Contextual Studies

Head of Subject Division (or equivalent): B Heyman

UNN Department (or equivalent):

UNN Faculty (or equivalent): HSWE

Funding Group/ASC: **Cost Centre:** **Approval Date:**

Unit Author: M McGovern

This Unit has the following Delivery Modes at the Locations Shown:

Delivery Mode:	*Location of Delivery*
	Teaching Centre

SYNOPSIS OF UNIT:

A brief overview of aims, content, methods and assessment.

This unit explores the development of health care and uses an analytical structure to examine and compare health care systems in different countries. The approaches used are to help to prepare students for the demands of the branch programme.

PREREQUISITE(S):

Any Unit which must have already been taken at a lower level, or any stipulated level of prior knowledge required.

N/A

COREQUISITE(S):
Units at the same level which must be taken with this unit.

1. Art and Science of Nursing
2 Methods and Ethics of Enquiry
3. The Development of Effective Communication Strategies

AIMS OF UNIT:
Specified in terms of general aim of the teaching in its relation to the Subject.

To extend understanding of the development of health care.
To explore and analyze different health care systems and the role of the nurse within these

LEARNING OUTCOMES:
Specified in terms of performance capability to be shown on completion of the Unit.

1. Use an analytical structure to examine and compare health care systems
2. Describe a case study example of a health care system
3. Describe the historical origins, development and scope of British health care systems
4. Discuss the role of nursing within various health care systems

OUTLINE SYLLABUS:
The content of the Unit, identified in a component listing.

<u>SOCIAL POLICY</u>

Systems of health care in the UK - historical and contemporary issues
Examination of health care systems in different countries via themes such as:
The development of services
The structural organization
The role of the state in care provision and regulation
The financing of care
The position of nurses within health care
Application to countries other than the UK; EC and non EC countries i.e. Scandinavian countries, Eastern Europe, America and developing countries.

TEACHING & LEARNING STRATEGIES

The unit will be delivered using a combination of lecture and seminars, with independent learning.

This Unit will involve

Lectures	✓
Seminars	✓
Groupwork	✓
Project Work	✓
Directed Learning	
Independent Learning	✓
Formative Assessment	
IT in Teaching	
IT in Learning	
IT in Assessment	

UNIVERSITY *of* NORTHUMBRIA *at* NEWCASTLE

UNIT DESCRIPTOR

Unit Code: CFP 16 **Academic Year:** N/A *Origin:* Home

Unit Title: The Development of Effective Communication studies

HESA Code:

Unit Level: 1 **Unit Size:** 0.5 **Credit Points:** 5

UNN Subject Division: Division of Adult Nursing

Head of Subject Division (or equivalent): D O'Brien

UNN Department (or equivalent):

UNN Faculty (or equivalent): HSWE

Funding Group/ASC: **Cost Centre:** **Approval Date:**

Unit Author: C Burridge

This Unit has the following Delivery Modes at the Locations Shown:

Delivery Mode:	*Location of Delivery*
	Teaching Centre

SYNOPSIS OF UNIT:

A brief overview of aims, content, methods and assessment.

This unit builds upon previous knowledge and skills and seeks to facilitate the development of effective communication strategies. This will enable the student to enhance their therapeutic relationships with clients and allow them to function effectively within a multidisciplinary team

PREREQUISITE(S):

Any Unit which must have already been taken at a lower level, or any stipulated level of prior knowledge required.

N/A

COREQUISITE(S):
Units at the same level which must be taken with this unit.

1. Art and Science of Nursing
2 Methods and Ethics of Enquiry
3. Psychological and Sociological Perspectives of Health

AIMS OF UNIT:
Specified in terms of general aim of the teaching in its relation to the Subject.

To facilitate the development of effective communication strategics
To promote the development of the therapeutic use of self
To develop skills of critical analysis in relation to the student's own experience

LEARNING OUTCOMES:
Specified in terms of performance capability to be shown on completion of the Unit.

1. Articulate group dynamics theory
2. Explain the fundamentals of crisis theory
3. Discuss what is meant by the term moral panics
4. Discuss labelling theories in relation to nursing
5. Discuss role conflict and the concept of power in nursing
6. Describe the skills required by the nurse when interviewing patients/clients
7. Outline the principles of effective teaching

OUTLINE SYLLABUS:
The content of the Unit, identified in a component listing.

<u>COMMUNICATION STUDIES</u>

Self revisited, Group dynamics revisited
Interviewing skills as part of the assessment process
Mass communication - labelling, scapegoating, moral panic
Nurses in the media - a critical analysis "Are nurses invisible?"
Teaching skills - theory, principles
Patient teaching/information giving
Crisis intervention
Aggression management - self, others

Challenging skills/handling emotions
Assertiveness, role conflict and negotiation

TEACHING & LEARNING STRATEGIES

The unit will be delivered using a combination of lecture and seminars with a variety of experiential methods such as workshops and small group work to facilitate the development of skills. Critical incident analysis and a reflective diary will also be used to develop students' critical thinking skill

This Unit will involve

Lectures	✓
Seminars	✓
Groupwork	✓
Project Work	
Directed Learning	✓
Independent Learning	✓
Formative Assessment	
IT in Teaching	
IT in Learning	
IT in Assessment	

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